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ABSTRACT

This congressional report contains testimony pertaining to reauthorization of the Vocational Rehabilitation Act, which was drafted to authorize funds for programs covered by the act and consolidate, coordinate, and improve employment, training, literacy, and vocational rehabilitation programs in the United States. Statements were provided by three U.S. senators (Mike DeWine, Ohio; Paul D. Wellstone, Minnesota; Tom Harkin, Iowa) and representatives of the following agencies and organizations: Office of Special Education and Rehabilitative Services of the U.S. Department of Education; Rehabilitation Services Administration; National Institution of Disability and Rehabilitation Research; Ohio Rehabilitation Services Commission; Vermont Association of Business, Industry, and Rehabilitation; National Council for Independent Living; Fairfax Opportunities Unlimited; Consortium for Citizens with Disabilities; Council for State Administrators of Vocational Rehabilitation; and Arkansas Rehabilitation Services. An appendix constituting approximately 50% of the document contains statements, articles, publications, and letters that were submitted by 18 individuals and representatives of the following agencies and organizations: Council of Organizational Representatives; National Rehabilitation Association; National Industries for the Blind; American Speech-Language-Hearing Association; and American Foundation for the Blind. (MN)

ED 415 434

S. HRG. 105-174

VOCATIONAL REHABILITATION ACT REAUTHORIZATION

HEARING

BEFORE THE

SUBCOMMITTEE ON EMPLOYMENT AND TRAINING

OF THE

COMMITTEE ON

LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

ONE HUNDRED FIFTH CONGRESS

FIRST SESSION

ON

EXAMINING PROPOSED LEGISLATION AUTHORIZING FUNDS FOR PROGRAMS OF THE REHABILITATION ACT, INCLUDING H.R. 1385, TO CONSOLIDATE, COORDINATE, AND IMPROVE EMPLOYMENT, TRAINING, LITERACY, AND VOCATIONAL REHABILITATION PROGRAMS IN THE UNITED STATES

JULY 10, 1997

Printed for the use of the Committee on Labor and Human Resources

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VOCATIONAL REHABILITATION ACT REAUTHORIZATION

THURSDAY, JULY 10, 1997

U.S. SENATE,
SUBCOMMITTEE ON EMPLOYMENT AND TRAINING,
OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:38 a.m., in room SD–430, Dirksen Senate Office Building, Senator DeWine (chairman of the subcommittee) presiding.

Present: Senators DeWine, Jeffords, Warner, Wellstone, Kennedy, and Harkin.

OPENING STATEMENT OF SENATOR DEWINE

Senator DEWINE. Good morning. Today we will examine the Vocational Rehabilitation Act. This Act is the only Federal program that provides comprehensive vocational rehabilitation services to help individuals with physical and mental disabilities and to help them become employable and to help them to achieve independence and integration into society.

Programs under the Act are currently funded at $2.471 billion. The largest part of the Rehabilitation Act, accounting for nearly 90 percent of its funding, is the Federal-State partnership authorized under Title I of the Act. It is under Title I that States receive formula-based grants to assist persons with disabilities to prepare for and engage in gainful employment. It will be this portion of the Act to which we will direct most of our attention. However, we recognize and will not ignore that the Act also provides for research funding, training and demonstration projects, programs to develop employment opportunities and independent living services.

Currently, the Rehabilitation Act is suffering. Decades of repetitive practices, overlapping efforts and wasteful spending are keeping too many people from fulfilling their full potential and filling good jobs. We have an incredible opportunity, I believe, to change this system. I believe we should seize upon the positive, energetic atmosphere that has been created by the successful passage of the Individuals with Disabilities Education Act and carry that over, not only to reauthorizing the Rehabilitation Act, but also to the overall effort of job training reform and our opportunity to strongly link the two.

Congress last took a serious look at the Rehabilitation Act in 1992. Today we take up once again the issue of reauthorizing this very important legislation.

We hope to streamline and strengthen the vocational rehabilitation system, make it more efficient and link it more effectively with the Federal Government's overall job training efforts.

At today's hearing we will discuss several problems we all agree face the VR system and some possible solutions. These possible solutions include: improving the individual written rehabilitation plans for program consumers; raising compensation standards so that everyone participating in a vocational rehabilitation program is either making the minimum wage or has a goal of making the minimum wage; incorporating new methods of alternative dispute resolution into the program; focusing the scope of eligibility by providing common sense criteria that will allow more people employment opportunities without neglecting those most severely disabled, and improving the standards of accountability for those receiving Title II grants for research and development.

As we talk about these possibilities, however, we must remember that just as important as the changes and improvements we will discuss today is the Act's role in the larger context of job training reform. I believe that we must incorporate our efforts here with the overall plan to streamline the country's job training programs, eliminate wasteful overlaps and duplications, stretch Federal dollars even further, and help more people become more independent by securing decent jobs with decent wages.

My goals with job training reform and with the reauthorization of the Rehabilitation Act are simple: to make the system more accountable, to make it more efficient, fair and pragmatic, to use this reauthorization as a meaningful way to link the Rehabilitation Act and the generic job training programs, to preserve the Rehabilitation Act's separate funding stream and recognize that many individuals with disabilities have special needs and benefit greatly from VR services, and most importantly, finally, to get better jobs for more people.

That is our purpose. Let me now turn to Senator Wellstone for any comments that he would like to make.

OPENING STATEMENT OF SENATOR WELLSTONE

Senator WELLSTONE. Thank you, Mr. Chairman.

I am going to be brief because I would like to, with your permission, share my opening statement with Senator Harkin who has been just such a consistent and courageous and determined leader for so many years in working with the independent living community.

Mr. Chairman, I appreciate your holding the hearing today. The Rehabilitation Act assists well over a million Americans with disabilities annually, through comprehensive vocational rehabilitation services. It sort of represents our commitment as a nation in providing necessary assistance to people who are helping themselves to achieve independence; who are striving to reach their productive potential; and many of whom struggle daily to be full members and citizens of our society. It is all of us who gain from their efforts as they do so. Sometimes I think we look at these programs too much in the context of helping other people. This is a program that is critical to our national interest.

I just want to highlight one witness today, Jay Johnson, whom I have known for many years, from East Grand Forks. He is now a temporary resident of Crookston, and for those of you who do not know—and probably most of you do know—East Grand Forks was devastated by the flooding, and Jay has gone through that, as many other citizens have as well. He is executive director of Options, which is a center for independent living in East Grand Forks. Options serves 10 counties in Minnesota and North Dakota, and Jay will be testifying today on behalf of the National Council on Independent Living.

Mr. Chairman, I am especially committed to ensuring progress toward greater consumer choice and involvement and more independent living. That, to me, is what this is all about. We are blessed in Minnesota. We have an independent living community which is very strong; a community with a tremendous amount of dignity; a community whose work is inspiring, and it is my hope that as a Senator from Minnesota, working with you—and I think we try to do this—we will be able to have a genuine bipartisan agreement which will be important to the communities across our Nation.

With that, with your permission, I would like to defer to Senator Harkin.

Senator DEWINE. Senator Harkin?

OPENING STATEMENT OF SENATOR HARKIN

Senator HARKIN. Thank you very much, Mr. Chairman. And let me again thank you, Mr. Chairman and also Senator Wellstone, for having this hearing and Mr. Chairman, for your interest in and support to get this reauthorization through this year, so that we can look ahead to, hopefully, another 3 years of working with a good program here that we have developed in the past several years.

So I want to thank you for that, and I appreciate your efforts in this area.

Before we begin, I just want to note that here in just a few days, we are going to celebrate the seventh anniversary of the Americans with Disabilities Act, which has been called the Emancipation Proclamation for people with disabilities in our country. The ADA is a civil rights act. It basically opens the door of opportunity for disabled people. It has discrimination in employment, in public services, (including education), and public accommodations, on the basis of disability. So it opens the door. But opening the door does not do much unless you have the supporting services that enable people to take advantage of going through the door. So, I have often said that ADA opened the door, but it is the vocational rehabilitation systems that provide people with disabilities the necessary skills and support services to go through that door and to enable them to achieve their career goals.

In 1992—I remember it very well—we made some very sweeping changes to the Rehab Act, sweeping changes, I think, that over the last 5 years have proven to have worked well in moving us ahead to meet the precepts of the Americans with Disabilities Act. We streamlined the eligibility process; we improved access for those with the most severe disabilities; we provided for interagency link-

ages, improving relationships between business, industry, labor; and a comprehensive system of personnel development.

We provided for greater consumer choice—and that was one that I felt very strongly about—that those who are consuming the services ought to be the ones to say what they want. I have often used the example, Mr. Chairman, that when my older brother who is deaf went to school, they told him he could be one of three things—he could be a baker, a shoe cobbler or a printer's assistant. Well, he did not want to be any of those. Well, they said, that is your choice. You have got one of those three, and that is it.

Now, consumers have a wider choice. They do not have to be a printer or a baker or something else. They can do what they want to. So it provided for greater consumer choice and involvement in that decisionmaking process. And, as Senator Wellstone said, we provided for this whole network of independent living centers, and from what I have seen, they work really well. No matter where we see them around the country, the independent living centers in each State are just doing a great job out there.

Now, that brings us to the reauthorization of this bill. In many of the States, we are just seeing the results of the sweeping changes that we made in 1992. It has taken some time. We have the rules and regulations. I just think that what we need is some more time to work out and to continue the progress that we have made over the last 5 years. I think that those of us working together—Democrats and Republicans—with the Administration can develop bipartisan legislation that reaffirms the themes of what we did in 1992—the basic themes of that. We need to fine-tune some things, and we have talked about that, Mr. Chairman, to address some of the actual documented flaws that we have with the current law and, again, to increase even better the linkages with the generic system of job training with vocational rehab.

So I think these are the kind of things that we ought to be looking at, and I have every confidence, Mr. Chairman, that working together, we can come up with a strong bipartisan bill that will have broad support and will be supported by the administration and which will take what has happened in the past an enact in the law those support systems so that the ADA is a reality rather than just a bill that sounds nice but does not have any teeth, and that we can take what we have done and move us ahead for the next 3 years to really ensure that more and more people have the ability to work.

I would just point out one thing. The Census Bureau last year said that because of ADA and the Rehab Act, over 800,000 people in America with severe disabilities are working today who would not have been working before. That is a great step forward, but still—that is the good news. The bad news is that the unemployment rate among the disabled is still too high—way too high—and we have got to reduce it down even more. And I think that is the task before us.

Thank you very much, Mr. Chairman.

Senator DEWINE. Senator Harkin, thank you very much.

We will have three panels this morning. Let me turn to our first panel and briefly introduce the witnesses. The Honorable Judith E. Heumann is the Assistant Secretary of Education for the Office of

Special Education and Rehabilitative Services Administration. Also seated with her are Fredric K. Schroeder, the commissioner of the Rehabilitation Services Administration with the Department of Education, and Dr. Katherine Seelman, who is the director of the National Institute of Disability and Rehabilitation Research with the Department of Education.

Let me first welcome the assistant secretary and ask you if you would like to proceed.

STATEMENT OF JUDITH HEUMANN, ASSISTANT SECRETARY, OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES, U.S. DEPARTMENT OF EDUCATION, WASHINGTON, DC, ACCOMPANIED BY FREDERIC K. SCHROEDER, COMMISSIONER, REHABILITATION SERVICES ADMINISTRATION, OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES, U.S. DEPARTMENT OF EDUCATION, WASHINGTON, DC; AND KATHERINE SEELMAN, DIRECTOR, NATIONAL INSTITUTE OF DISABILITY AND REHABILITATION RESEARCH, OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES, U.S. DEPARTMENT OF EDUCATION, WASHINGTON, DC

Ms. HEUMANN. Thank you, and good morning, Mr. Chairman, Senator Wellstone and Senator Harkin. I would like to submit my testimony for the record and spend a few minutes summing up my thoughts for you.

I want to suggest to you at the outset that we believe the Rehabilitation Act is a proven success. It is a good, solid program that has been improved by the 1992 Amendments. We still have much work to do, to be sure, but I feel comfortable in telling you that we are moving in the right direction, and with your guidance and support, we will continue to improve. I hope that by working together, we can benefit from the kind of cooperation that helped make the recent reauthorization of the Individuals with Disabilities Education Act such a successful effort.

As you know, the Rehabilitation Services Administration in the Office of Special Education and Rehabilitative Services assists States and other providers in helping disabled Americans to move into the job market; $2.2 billion in formula grant assistance is directed through the State Vocational Rehabilitation Services program to help individuals with disabilities.

The heart and soul of the program is to provide services that meet the aspirations, needs, abilities and priorities of each individual, consistent with the individual's informed choice. A VR counselor and an individual with a disability work together as partners to develop a rehabilitation program that matches the person's strengths and interests to employment opportunities.

At present, there are more than one million eligible individuals, 76 percent of whom have significant disabilities, in the system of State VR agencies. In fiscal year96, 213,500 of the approximately 351,500 individuals who exited the VR program after getting help got a job. Eighty-seven percent of the 213,000 individuals entered the labor market or became self-employed. As a result, 71 percent of these individuals consider their salary their primary source of support. This is good progress, but we still need to recognize that

nearly half of working-age persons with disabilities are unemployed.

There are still too many barriers that prevent disabled individuals from entering or staying in the work force. These barriers include disincentives in health care and economic assistance programs, lack of transportation and housing, and employer and individual attitudes regarding the employability of individuals with disabilities.

We also recognize that vocational rehabilitation is only part of the solution to the unemployment of individuals with disabilities, and we are taking steps to remove barriers in other areas. We want to continue to explore ways to address the broad range of factors contributing to the high unemployment of individuals with disabilities. I am convinced that by working together, the Administration, Congress, individuals with disabilities and their advocates, service providers and employers can turn the wasted talents of millions of disabled people into an important resource for securing our Nation's future.

In preparing for these hearings, we have made extensive efforts to listen to State VR agencies, community-based service providers, consumer and advocacy organizations, parents, employers and individuals with disabilities. The public contribution has been very valuable in developing our recommendations for reauthorization.

With this in mind, I would like to give you our suggestions in seven broad goal areas. I will also discuss how proposals to S.143, the Workforce Development Act of 1995, and H.R.1385, the Employment, Training and Literacy Enhancement Act of 1997, which was passed by the House this past May, address these goals.

First, we should strengthen the Act's emphasis on serving individuals with the most significant disabilities. Rehabilitation services may be useful to all individuals with disabilities, but they are absolutely vital to individuals with the most significant disabilities. We should do nothing to weaken the Act's current direction, which places priority on serving populations that have historically be unserved or undeserved. We also recognize that, given limited resources, the VR system will not be able to accommodate all individuals who require services, so we need to make a significant effort to improve the connections that link State VR programs and other employment and training programs.

We need to be thinking hard about how we can develop stronger links with other job training programs without losing the integrity and expertise that has been developed in helping Americans with disabilities to lead independent and productive lives. We believe that language in S.143 regarding establishing appropriate linkages between the State VR agency and generic work force development programs would help to promote this goal.

Second, we must continue to enhance consumer choice and protection. The 1992 Amendments set forth the policy that individuals with disabilities be active participants in the own rehabilitation programs. This is an important policy that continues to dominate our thinking. We therefore support the new language in H.R. 1385 that provides for informed choice throughout the rehabilitation process. This amendment makes it clear that consumers have the right to choose, in regard to the selection of their employment goal,

the services needed to reach their goal, the providers of such services, and the methods to be used to procure the services and provide a clear framework of how choice is to be provided.

Similarly, we support the language in H.R. 1385 that provides for an individual employment plan. This amendment would improve upon the current requirements for an individual written rehabilitation plan by streamlining them and giving consumers who want to take responsibility for developing their plan the option of doing so.

To enhance consumer protections under the Act, we would like to work with you to improve the process under the Act for resolving consumer complaints about services provided by State VR agencies.

Third, we must promote high-quality employment outcomes. In our effort to help States in improving employment outcomes, RSA has shifted the focus of its monitoring system from a compliance-based approach to an outcome-based approach that emphasizes how well State VR agencies are fulfilling the purposes of the Act, assisting individuals with disabilities to move into meaningful employment. RSA is also developing performance measures for States to ensure accountability for client outcomes and to encourage continuous program improvement.

Fourth, we have to increase employer involvement. In the 4 years I have served as assistant secretary, RSA Commissioner Fred Schroeder and myself have spoken with employers all across the United States. The common theme running through all of the discussions was the need for service providers to take the time to know their employers, to understand their businesses, and to learn what jobs are out there and what skills they require. Our discussions with employers have taught us that employers must be active partners in efforts to increase the employment of individuals with disabilities. We must work together to develop employer incentives to keep disabled employees in the work force.

Fifth, we need to do even more to streamline the rehabilitation process. Specifically, we propose that recipients of disability benefits under Titles II and XVI of the Social Security Act be presumed to be eligible for VR services. This presumption acknowledges that these individuals have already been determined to be disabled or blind by another Federal agency and to have a work-related impairment.

We also support changes to streamline the VR State plan process to reduce paperwork burden on State VR agencies.

S. 143 takes a step in the right direction, but we recommend further changes along these lines. We would propose to consolidate and simplify a number of overlapping and confusing provisions that are scattered through the Act and to eliminate unnecessary paperwork and burden imposed on State agencies. For example, we recommend that planning for in-service training be made an integral component of the State plan, and that the funding for such training be provided as part of each State's basic grant, rather than through a separate categorical competitive grant program.

Sixth, independent living is more than just a job. Holding down a job and putting a regular paycheck in the bank is only one important part of independent living. This is why RSA supports several programs that address the independent living needs of individuals

with significant disabilities. The largest of these—the centers for independent living—supports approximately 240 centers that are designed and operated within local communities by individuals with disabilities, such as the program Senator Wellstone was discussing. These centers provide a broad range of independent living services and served approximately 136,000 individuals across the country in 1995.

In recognition of the growth in the population of older individuals who could continue to live independently with appropriate services, we will also suggest that language be added to the authorities of the State grants and centers programs for independent living to specifically reference services to older individuals as an authorized activity.

And finally, we want to use research more effectively. The National Institute on Disability and Rehabilitation Research, otherwise known as NIDRR, funded under Title II of the Rehabilitation Act, brings a comprehensive view and an intensity of the focus on applied research that enables persons with disabilities to function better at work, in the family and in their communities. We believe that Title II of the Rehabilitation Act provides an appropriate statutory framework for carrying out effective research, and therefore, we are not recommending any amendments to NIDRR's authority.

We do suggest, however, that the companion amendments in Title III that are administered by RSA be modified to allow RSA to support a broader range of activities. In addition to funding demonstrations that provide direct services to individuals, RSA should have the authority to carry out other replication, dissemination and utilization projects and activities directed at State systemic change.

In conclusion, Mr. Chairman, we envision a system that focuses resources on the greatest needs and promotes accountability for consumer outcomes while supporting continuous program improvements. We envision a system that is driven by the informed choices of its consumers, includes partnerships with employers and other employment and training programs, strengthens the rehabilitation process, and uses research and technology to improve services.

We know that Americans with disabilities want to work, and all three of us sitting before you today know that the Rehabilitation Services Administration does work, because we have all benefited from it.

Thank you for your time, and we look forward to your questions.

[The prepared statement of Ms. Heumann may be found in the appendix.]

Senator DEWINE. Secretary Heumann, thank you very much.

It is my understanding that Commissioner Schroeder and Dr. Seelman are available for questions, but they do not have a statement. Is that correct?

Ms. HEUMANN. That is correct.

Senator DEWINE. Let me proceed, then. What we are concerned about this morning, obviously, is not just the beginning of the reauthorization drafting. Entailed in that, obviously, is trying to see the big picture—where we are. Reauthorizations give us the opportunity to look back and see what is working, what is not working, what fine-tuning needs to be done, what changes, if any, need to

be done. And so I hope that all the panelists, not just this panel but the second and third panels, will try to keep coming back to the big picture.

You have outlined in your written testimony, which will, of course, be a part of the record, some very specific recommendations and comments, but I would also like you to avail yourself of the opportunity to help continue to educate this committee—and there are many members of this committee who have been involved in this for a number of years and have dealt with these issues for a number of years—but I would ask you to continue to reeducate the committee or update the committee on exactly where we are as a society on many of the issues that you have already touched upon and will continue to touch upon in the field that you work in.

Let me ask you, if I could, sort of a big picture question, Secretary Heumann. What do you see as the biggest challenge or problem that the system has today?

Ms. HEUMANN. I think there are many challenges. One of them is that we have many people who need services, and we do not have a system sufficiently large enough to meet all those needs.

I think one of the other prevailing problems is that we have still not been successful in getting other agencies that could provide services to some disabled individuals to recognize that disabled individuals are capable of working and want to work, and in many cases, those agencies are not willingly coming to the table to ask for the kind of assistance that programs like State rehab agencies could provide them.

So I think that what we need to continue to do as leaders, like yourselves, is to continue in our regular speeches in our local communities to talk about how we believe the work force needs to more effectively represent the true diversity of our communities, and that disabled individuals are really one of the last groups of individuals to be brought into the work force.

And then I think we really have to continue to change many people's mindsets. I think we still have many individuals who believe that disabled individuals are unable to work. It is very true that, for the population of individuals that this legislation is significantly focusing on—those with significant disabilities—that simple job placement services in many cases are not sufficient; that individuals are really needing not only to have a better understanding of what the world of work is, but they have a whole array of needs. If you just look at myself and Fred and Kate, each one of us has been successful in higher education, but each one of us, independently, would not be able to move into a job without some additional supports—whether it is reader services, sign language interpreter services or, in my case, personal assistant services. So there are some legitimate costs that business does not necessarily want to be accommodating. For individuals who have developmental disabilities, supportive employment services is certainly another very big issue.

I think we are needing to have a much more effective dialogue with the United States about what it is that we are capable of doing, and we envision rehab as being an integral part of this discussion, because I think what you see around the room today, and when you go back to your State of Ohio—which I think is a perfect

example of a State that has done some very innovative and creative work—you see a group of people who want to work. If you sit down and talk to counselors, you will also hear, I think—and people in independent living centers and the ARCs and UCPs and others who have been working on getting people into the workforce—you will hear some of the real challenges that people are facing when trying to connect disabled people with employers.

So I think we have many challenges, but I agree with Senator Harkin that legislation like the Americans with Disabilities Act and IDEA, and so on have really given us the tools that we need now to help prepare people to move into the world of work and through the door.

Senator DEWINE. You believe that we are not totally utilizing—and I cannot recall exactly, because I did not write it down, your terminology—but I got the impression that you are talking about other State agencies, that we are not totally utilizing them as well as we should. What do we do through legislation to deal with that? You talked about basically the bully pulpit of using the forum of the Senate and the forum of our different positions to talk about this issue, which is certainly very, very important. What, though, as we look at this piece of legislation, do we do to try to maximize that integration where that integration would be helpful and make sure that someone who comes under the VR system does not, just because they qualify for VR, get excluded from something else; or the culture excludes them, the culture in another system excludes them and says, oh, no, you are over here, and you should be availing yourself of these services, when the person may look up and say, yes, but I can avail myself of the services you are providing?

Ms. HEUMANN. I think provisions that were part of S.143 last year are provisions that the committee needs to seriously consider because it would integrate into statute the need for these agencies to work more collaboratively together and would look at issues like training between the agencies, and referrals, and the ability to share data, which, in some cases, you have from the regular labor programs that is not necessarily easy for the departments of rehabilitation to get.

So I think there has been a lot of discussion on this which we can easily look at integrating into the new reauthorization.

Senator DEWINE. Thank you.

Senator Wellstone?

Senator WELLSTONE. Madam Secretary, I have just two questions. One is—just to get sort of beyond the program and get to the underlying philosophy—what has independent living meant to you?

Ms. HEUMANN. Oh, to me. [Laughter.]

Senator HARKIN. She is assistant secretary.

Ms. HEUMANN. Well, I think independent living—there are really a number of ways of looking at it. Basically, I think, in the 1970's, we really saw a very strong movement of disabled individuals around the United States coming together saying that, regardless of the significance of our disability, we are able and want to make contributions in our society. So I think we have seen the development of programs like the 240 independent living centers, which

Federal funds and State funds help to support, emerging all over the country.

We have also seen, though, other movements like the People First movement which has been developing, and the movement of individuals with psychiatric disabilities emerging. And I think all of these groups of disabled individuals and parents also are really forming a very strong basis to continue to move the message forward that disabled people want to be an integral part of the community.

And we have a lot of changes that we are having to make in the American psyche, and I really continue to talk about that because we think, in our daily living, of charity. You give money for disabled individuals to take care of us. So when we come forward and say that we want to be making contributions like any other American, and we may need additional supports in order for that to occur, it takes time for people to see those changes.

I think the grassroots organizations around the United States have been very helpful in allowing the laws that you have all passed over the last 20 and 30 years, to make the changes which are bringing disabled people into the community, and I think for the first time in many communities around the United States, people are really getting to talk to disabled children and adults in an integrated way and are really beginning to recognize that we are not pariahs; we have similar goals and aspirations; we may look differently, we may sound differently, we may communicate differently, but we have the same goals.

So now, I think the challenge is to take all of this together and really allow us to get what I think is one of the most meaningful parts of success, and that is a job which is a meaningful job—not just a job for the sake of a job, but one which pays us a reasonable wage and provides benefits.

I also think it is important for the committee to maybe stretch across to some other committees and really look at the breadth of the employment issue, because we see, for example, in data that we collect—and GAO has information out also—which has been saying that one of the reasons why disabled individuals cannot move back into the world of work is because of their fear of losing health care benefits and because of their fear of losing the very meager amount of money that they would get on SSI or SSDI. None of us believes that SSI or SSDI is something anyone is going out to try to obtain to live on. I mean, it is not a lot of money. But if it is your basic floor, and you are afraid of losing that in health care, you cannot afford it.

And I guess there is just one other thing I want to say and that is that I think we are seeing that there are policies that exist in some other countries that I believe it would be appropriate for us to look at. Like in the area of health care and other work incentives, we have little bits of data now that I know, through some of the NIDRR research in employment, which are showing things, for example, like spinal cord-injured individuals in Canada and England moving back into the world of work in greater numbers than spinal cord-injured individuals in the United States, and it is attributable to health care benefits and other supports. A woman whom I met recently who works in New Zealand runs 27 programs

around the country of New Zealand, supported by the government, where they are seeming to have interesting successes in moving people back into the world of work because, as a basic package, New Zealand provides health care, technology and other types of assistance like reader services, personal assistants and interpreter services.

So I think that if we are really wanting to have a very strong discussion on moving people into the world of work, changes in the legislation are critically important, but changes in and of themselves will not produce the results that we all want to achieve.

Senator WELLSTONE. Well—the light will turn red in a minute—and of course, you are the Secretary, as Senator Harkin said when I asked what does independent living mean; you embody it—but I cannot tell you the number of times, and I would imagine everybody on this panel has heard the same thing, that I have the same conversation with people who say they just feel trapped because if they work, they end up losing their medical assistance, or they lose whatever SSI they have. I worry about this. because in the pressures of budget cutting, in the short run, if you are going to really try to enable people—there is the issue of job training and how to have access to that, but there is the other issue of whether people can afford to work. And in the short run, that would require, I think, an investment of more resources. In the medium run and longer run——

Ms. HEUMANN. It may be a shifting of resources.

Senator WELLSTONE. Or a shifting of resources; we recoup it many times over—I mean, over and over and over again. I think I hear that from people more than anything else, and as long as we are talking about an integrated approach, somehow we have got to break through that.

I think I have run out of time.

Ms. HEUMANN. The reality is that I spend something like $3,500 a month on my attendant services at home and the rent on my apartment.

Senator DEWINE. How much did you say? I am sorry.

Ms. HEUMANN. Three thousand five hundred dollars, because I need two people living in the house with me; I need to live in an apartment which is near a Metro and, as all of you know, it is much more expensive to live in the city near a Metro. So the expenses are extraordinary.

Senator WELLSTONE. And the attendant; people are deathly afraid of what is going to happen with personal attendants. That is the other thing that is totally, just 100 percent correlated to this.

Ms. HEUMANN. Well, in the 1992 Amendments, it was the first time that we acknowledged personal assistant services in the statute, which is very important. But obviously, this legislation is not going to be able to cover the personal assistance services cost of individuals who need it. And there we define it in the broadest context—reader services, interpreter services, services for persons with physical disabilities and individuals with cognitive and psychiatric disabilities.

Senator DEWINE. Senator Jeffords?

The CHAIRMAN. No questions. It is just a pleasure to have you here with us.

Ms. HEUMANN. Thank you. It is nice to be here.

Senator DEWINE. Senator Kennedy?

Senator KENNEDY. Thank you, Mr. Chairman. I want to thank you for chairing this hearing, and thank Senator Jeffords, the chairman of our committee, for providing leadership in this area, and our good friends, Senator Wellstone and Senator Harkin. Senator Harkin has done such a great job in all of these areas involving the disabled.

I would like to include my statement in the record.

I am delighted, Mr. Chairman, just to mention that we have Elmer Bartels, who is our commissioner—he is not testifying, but he is down here today to, with his presence, add much to our understanding of this issue. He has just been an extraordinary leader in Massachusetts on so many of these related issues and has enhanced all of our understanding of the challenges that we are facing, so it is good to see an old friend.

I really have just two issues—and I am delighted to welcome you back. Continuing on the health-related issues to employment, there is a recent study—the National Institute on Disability and Rehabilitation Research had a recent report on this—but how are we going to get that kind of information that you have just talked about disseminated so that communities and groups in States and localities are going to know about it? It is incredibly important; more has to be done. I think that with a greater understanding, it will build additional political will to try and do some of these. Would you comment briefly on that?

Ms. HEUMANN. Dr. Seelman?

Ms. SEELMAN. In terms of dissemination efforts, there is a broad dissemination effort in the National Institute on Disability and Rehabilitation Research. For one thing, most of our research is on our Web site, and I can provide that. In addition, we have established a very rigorous and quick-moving electronic Web site at the National Center for Dissemination of Research. We also have the NAREC—the National Center for Rehabilitation Information, and people can call in. So we have paper and electronic—very important, very quick.

In addition, of course, we are going to have to support continuing research here, because this is a dynamic, moving situation for people with disabilities, so we are anticipating working with, of course, HHS, on a continuing research effort and commitment in the area of health.

Senator KENNEDY. I hope you will let us know if there are things that we ought to be doing to help to assist you in that, because I think it is very, very important.

We made some changes in the Act in 1992, and we are always aware that there are scarce resources and how you allocate scarce resources in a community that can use them up very quickly, and whether those with more severe disabilities are being attended to. How do we strike the balance here? I can think of some groups, for example, the mentally retarded, that face some rather special needs, and the course of attention to those individuals may be somewhat more costly.

We tried in the 1992 Act to give some guidance, and I am wondering if you could, Madam Secretary, just tell us a little bit about

how you have seen the changes that have taken place; what are your own assessments of those changes, and do you feel you have made some progress in the area?

Ms. HEUMANN. The commissioner and I will both answer that question.

I do believe that the data is showing that we are, in fact, making progress in that area. We are seeing that more individuals are moving into the system quicker, and those individuals have more significant disabilities, and we are also seeing greater success with the number of individuals who are moving into the world of work who have more significant disabilities, including persons with mental retardation.

In saying that, it is very obvious that there is a lot more that does need to be done, and I also think that the S. 143 approach, which would be getting other agencies to do their fair share, would allow the agencies to have more time to work with individuals with more significant disabilities.

Mr. SCHROEDER. Thank you, Mr. Chairman, Senator Kennedy.

Let me say that this is an area that we are also very concerned about, that people with the greatest need for rehabilitation services have access to the rehabilitation system.

Since the 1992 Amendments, the number of people successfully placed in employment each year has risen considerably. In 1992, we had 191,890 individuals successfully placed in employment, and this last year, that number was up to 213,520—an increase of 11.3 percent. But getting specifically to your issue, if you look at a subset of those individuals with severe and the most severe disabilities, the rate of increase in successful closures has risen by approximately 24 percent. So this is an area that we are certainly keeping a focus on and agree with your concern.

Senator KENNEDY. Thank you very much. I would think, particularly now, with the employment situation the way it is, and the low unemployment rate, that there are additional opportunities to further advance that and take advantage of those opportunities.

Thank you very much, Mr. Chairman.

[The prepared statement of Senator Kennedy follows:]

PREPARED STATEMENT OF SENATOR KENNEDY

Mr. Chairman, I commend you for your leadership in expediting our consideration of this important legislation, and I look forward to our work together on it.

I also commend Senator Jeffords, Senator Wellstone and Senator Harkin for their leadership in making this reauthorization a top priority.

For more than two decades, since it was first enacted in 1973, the Vocational Rehabilitation Act has brought great hope to individuals with disabilities throughout the country that they can work and participate in their communities.

The Vocational Rehabilitation Act also provides the necessary skills and support to keep the promise of the Americans with Disabilities Act. The rehabilitation system as a whole is opening remarkable doors for individuals with disabilities, especially those with significant disabilities, to achieve their full potential and be part of the mainstream of American life.

Originally, vocational rehabilitation was aimed solely at helping injured workers return to the workplace. We have come a long way since then, and I am proud that Massachusetts has played such a leading role in helping more individuals with disabilities reach their employment goals. One of the leaders in that effort is our State Director of Vocational Rehabilitation, Commissioner Elmer Bartels, and it is a special honor to have him here with us today.

We can build on the positive gains we have made through the Vocational Rehabilitation Act during this reauthorization. This pending bill gives us an excellent opportunity to ensure that all working-age individuals with disabilities, even those with the most significant disabilities, have realistic opportunities to find and keep a job and obtain the supports they need.

As we listen to the witnesses today and debate the issues in the coming weeks, hope we can work together to build a strong bipartisan consensus for this legislation, so that the talents, strengths, competence and interests of all individuals with disabilities will be recognized and rewarded in the communities and workplaces across the Nation.

Senator DEWINE. Senator Harkin?

Senator HARKIN. Thank you very much, Mr. Chairman.

Again, I just want to thank Secretary Heumann and Commissioner Schroeder and Dr. Seelman for all of your great leadership in this area and to compliment you on what you have done to carry out the provisions of this Act since 1992.

While it is really not part of this, Secretary Heumann, you mentioned about how well it has worked to have personal assistant services that we put in the 1992 bill, during job training, voc rehab. The problem is that once you are done, and you get out into the work force, we do not have PAS anymore. And one of the questions I was going to ask you is what else do we need to do to improve the employment situation of people with disabilities. And I must lay my cards on the table—I have said all along that one of the great missing pieces of this is personal assistant services. And I am just wondering if you could just elaborate on that a little bit. I know that is not part of this, but it all kind of fits together. What happens when those personal assistant services stop for someone who is in voc rehab?

Ms. HEUMANN. For somebody like myself, if you cannot get the employer to pick up the personal assistant services costs for the job-related activities, it is not possible to work—or you will hear stories like I have heard from friends of mine—these are true stories—where people, when they are younger, who need personal assistant services, will not drink and go to work, not having to go to the bathroom. And when they get older, they cannot do that anymore. So, you will talk to people who are actually leaving their jobs because they have gotten older—and I do not mean older, like 65 years old, but people who are in their 30's—who really cannot maintain that kind of inappropriate activity.

But I think, also, the reality is that if you cannot get up in the morning, even if you have an employer who will pay for personal assistant services, it is very difficult. I talked to a woman the other day who is for the summer in a Federal internship program where that the President's committee is working with the governmental

agencies. She has no personal assistant services; she cannot afford it. She is getting up at 4 o'clock in the morning in order to be able to get up and to work by 9 o'clock in the morning. She is 20-some years old, and she can do that. But that is only going to last for so long, and if in fact personal assistant services were provided, she could get up—it might take her a little bit longer than for a non-disabled person, but not significantly.

I do think it is important to look at the issue of personal assistant services in the broader context also, as for interpreters and readers and individuals who need supported employment services, because here again, supported employment is another issue—you can get the services for a period of time, but if you cannot get the employer to pick it up, the services leave.

So, I think that as a society, we really have to grapple with, if we want to serve individuals who have the most significant disabilities, who in fact want to work and can work, we really have to look at the policies that need to be changed to facilitate that. And I do not think that in all cases, it is going to mean more money. I really do think that in many cases, we are talking about the shifting of dollars, and if we could shift dollars to provide some of these services and then get people into the work force who then really could become taxpayers, I think we would really begin to see a change.

Right now, I feel like we have been really unwilling to look at some of these major policy issues, so we keep batting our head against the wall, trying to move people in the system, trying to keep focusing on those with the most significant disabilities who, because they have the most significant disabilities, have the greatest needs.

Senator HARKIN. So again, you have had some experience now with personal assistant services and rehab, and without putting words in your mouth, I think you could say that it has been very significant in enabling people to get through the program.

Ms. HEUMANN. Yes.

Did you want to comment on that, Fred?

Senator HARKIN. Fred?

Mr. SCHROEDER. Well, it certainly has been for all of the reasons that Secretary Heumann mentioned. Again, the problem that we face—when a person is in the vocational rehabilitation system, the system has a tremendous amount of flexibility to provide the needed supports that that individual might require—the real difficulty is that the VR system is time-limited, and at the end of that service, if that individual has gone to work, for example, in a minimum wage job and is making $11,000 a year, to assume that that individual would be able to pick up these expenses individually, of course, is just not possible.

Senator HARKIN. It is not possible. I just wanted to point that out, because I think that in this committee, we have to continue to push ahead on this whole area of personal assistant services, broadening it to supported employment, to in-home services, transportation services—all those things—and I can make the case that it is very cost-effective, extremely cost-effective.

Fred, I think you might be the appropriate person to ask this. In the 1992 bill, we were concerned at that time about having the

voc rehab system encouraging high-quality placement, and not just place a premium on numbers and on how many you get through the system, but focusing on really high-quality placement, again, so that counselors are not driven just to rack up the numbers, but to actually focus on people and, again, what their consumer choice is and to have the presumption that—there is a presumption, as you know, that a person is able to do a job—I guess I am wondering, how has that worked? Do you see any problems out there? Are we focusing on high-quality placement? Have there been any problems with trying to just get the numbers up?

I am concerned about that, and I just want to know what your sense is of whether or not that sort of goal that we put in the 1992 bill is being achieved.

Mr. SCHROEDER. Mr. Chairman, Senator Harkin, this is a concern that we have as well. Certainly, the rehabilitation system needs to place more and more people in employment each year. The number of people with disabilities who are unemployed is unacceptably high in this Nation, and yet, we feel very strongly that if we only track people into the quickest, easiest, cheapest placements, we really do not meet our fundamental responsibility to people with disabilities or to society generally.

We need to place people in high-quality employment and really for two reasons, as I see it. One is what we were talking about a moment ago in terms of some of the costs that people with severe disabilities have. If we only place people in minimum wage or entry-level work, the prospect of those individuals being able to pick up those ongoing costs is just simply not realistic.

If you look, for example, at SSI and SSDI recipients who are in the system, who are not successful, who do not go to work, 42 percent say to us that they fear that if they go to work, they will lose medical benefits that are essential to their being able to keep body and soul together. Forty-three percent say that they are afraid that if they go to work and lose that job, they will have no safety net—that they will not be able to return to some type of public benefit.

So we need to have employment that really allows a person to earn enough money to be able to pay those disability-related costs that they have that are critical to their needs. But the other is perhaps more intangible, and Secretary Heumann alluded to this earlier when she talked about society's expectations for people with disabilities. Society has come a long way. Society has come to understand that people with disabilities—or at least most people with disabilities—can work, but yet, society still assumes that people with disabilities work at fairly low levels, at fairly rudimentary-type work. And by helping people gain a place of integration into higher levels of employment, we help change that perception, and by changing that perception, we help expand employment opportunities for people with disabilities.

So we feel very strongly that quality placement is certainly something that is and should continue to be the hallmark of the vocational rehabilitation program.

Senator HARKIN. Thank you very much.

Thank you, Mr. Chairman.

Senator DEWINE. I would like to thank all of you, Secretary Heumann, Commissioner Schroeder, Dr. Seelman. We appreciate your testimony very much, and look forward to working with you.

Do you have an additional comment, Madam Secretary?

Ms. HEUMANN. Yes. I would like to say that I appreciate the openness of this discussion; I think we have really gotten into talking about some broader issues that we do not typically deal with in these types of hearings.

I would just like to make one other suggestion, and that is with regard to disabled veterans in this country. If the three of us had been disabled in the line of service, the benefits that we would be getting would deal with many of the issues that we have been discussing. So I think that we actually do have a system in the country which has acknowledged that for people with disabilities, there is a whole ranking system which then allocates supports based on levels of disability. That may be something the committee wants to look at.

Thank you very much.

Senator DEWINE. Good. Thank you very much.

Senator Warner is here. Senator, do you——

Senator WARNER. Thank you. I will pass, Mr. Chairman.

Senator DEWINE. Thank you very much.

We again thank you all for coming very much.

Let me ask our second panel to come up, and as you come up, I will take this opportunity to introduce the second panel.

Let me start with Eric Parks. Mr. Parks was appointed by the Governor of Ohio to the State's Rehabilitation Services Commission in 1991. He has chaired the commission since September 1995, and has recently been reappointed by Governor Voinovich to a term extending through the year 2001. Mr. Parks has always taken a leadership role in his community and, prior to his service to the commission, Mr. parks was a member of the Ohio General Assembly Joint Committee on Assisted Living.

Traci Meece is currently a consumer with the Ohio Rehabilitation Services Commission. Born with poor eyesight, she has become a self-employed photographer. In 1995, she suffered an optical hemorrhage, leaving her totally blind. With the help of Ohio Rehabilitation Services, she has amazingly adapted to her impairment and continues her thriving business.

Ms. Kevin Veller earned her bachelor of arts in public address from the University of Vermont, and her postgraduate degree in Norwegian language and literature from the University of Oslo in Oslo, Norway. She is a member of the Vermont Governor's Committee on Employment of People with Disabilities.

Jay Johnson is executive director of Options Interstate Resource Center for Independent Living in East Grand Forks, Minnesota. He serves on the Minnesota State Independent Living Council, as well as the National Council for Independent Living.

Senator Jeffords?

The CHAIRMAN. Kevin, it is good to have you with us. You have been a long time friend and very, very helpful to me, and I deeply appreciate your willingness to come here to testify. Kevin manages and administers a private, nonprofit employment rehab office agency that serves employers, individuals with disabilities who are

seeking jobs, and human resource organization, and she also oversee the advisory council with more than 50 member businesses. You are busy, and you have done a heck of a job, and it is just great to have you with us.

Mr. VELLER. Thanks.

Senator DEWINE. Let me start from our left to your right and call first on Mr. Parks.

STATEMENTS OF ERIC PARKS, CHAIRMAN, OHIO REHABILITATION SERVICES COMMISSION, COLUMBUS, OH; TRACI MEECE, CONSUMER, OHIO REHABILITATION SERVICES COMMISSION, COLUMBUS, OH; KEVIN VELLER, EXECUTIVE DIRECTOR, VERMONT ASSOCIATION OF BUSINESS, INDUSTRY, AND REHABILITATION, WINOOSKI, VT; AND JAY JOHNSON, DIRECTOR, NATIONAL COUNCIL FOR INDEPENDENT LIVING, EAST GRAND FORKS, MN

Mr. PARKS. Thank you, Mr. Chairman, members of the committee. It is indeed an honor to have the opportunity to speak with you today about the vocational rehabilitation programming, the Rehab Act and its reauthorization.

I was reminded of the most essential part of what we are about yesterday afternoon as I was flying in. Probably 45 seconds after the gentleman to my right sat down in the airplane, I asked, "So, what do you do in Phoenix?"

He did not answer with anything but, "I am a detective for the Tempe, AZ, police department." He could have easily told me about his wife and two kids sitting across the aisle; that they were all baseball enthusiasts; that they had just returned from the All-Star game in Cleveland the night before. Or he could have told me that they were coming to visit the beautiful Capital city. But he did not. He talked about the thing that gave meaning—definition—to his life—his work—because that is the thing that permits him to have self-sufficiency and economic independence and then, in turn, makes it possible to enjoy fun, family and friends.

It is also that way with everyone in this room. We probably had the same experience over the 4th of July weekend, asking someone, what's new, where do you work—or, not where do you work, but what do you do—and when you asked, what do you do, you found out that you worked for the staff of the subcommittee or some program, and never talked about skydiving and knitting and hot race cars until later in the conversation.

It is that way for people with disabilities, also. They, too, want to join in the pursuit of happiness. In order to join in that pursuit, they must be able to have economic independence and self-sufficiency. And they only get to that economic independence and self-sufficiency through a job.

In 1986 through 1991 in Ohio, the Rehabilitation Services Commission suffered a series of years where, each successive year, they served fewer people, and fewer people with severe disabilities were placed in competitive employment. In 1991, when Governor Voinovich appointed me, it was also with a clear indication that he would like to see those patterns changed.

We attempted to change the patterns by doing two or three fundamental, philosophical things. We attempted to no longer be all

things to all people with all disabilities in Ohio. We refocused the mission on what the voc rehab was about—employment, a job, self-sufficiency and independence through work.

We did that with two basic concepts. One concept, we borrowed from a former Governor of Ohio who once told a candidate that there were three issues in a campaign, and they were jobs, jobs and jobs. I would submit to you that he would also understand that the three issues before us today in the reauthorization of the Rehab Act are jobs, more jobs, and better jobs.

The second principle we attempted to adopt in 1991 and again, attempted to apply each and every time throughout the last 6 years, has been to ask the following question: What about the policy that we are about to implement will change this circumstance so that more people will get jobs, and what about what we are about to do will make us more accountable to both the taxpayer and to the individual with disabilities?

In attempting to apply these policies and approaches,, the Ohio Rehabilitation Services Commission, which is made up of seven commissioners appointed by the Governor, a majority of whom must be persons with disabilities, and at least three of whom must have received vocational rehabilitation services, has the full responsibility of the fiduciary, policymaking and fiscal operation of the State agency. We hire, in turn, an administrator who is the State director and serves at our pleasure in implementing the policy.

We worked diligently with Mr. Robbe, our State director, and the seven commissioners to adopt these changes. In 1991, approximately 2,900 people in Ohio with severe disabilities were employed. This year, 1997, 6 years later, we will competitively place more than 5,800 people with severe disabilities. During that period, our budget has increased by about 50 percent, and today we employ fewer people in July of 1997 than we did in July of 1991—and we are second in the country in placements of people with severe disabilities. I believe that all of that came about because we applied the question of jobs, more jobs and better jobs, and what about what changes we make will make a difference in placing more people in competitive employment and make us accountable.

We have done that—I will be very brief—we have done that primarily through partnerships with many different organizations in Ohio. We have public and private partnerships—21 counties, 19 other subpolitical divisions, 180 private providers we have partnerships with. We have a PWI that is nationally recognized with the Ohio Restaurant Association in which we place several hundred people each year. We have relationships with eight different departments in the State of Ohio, including the department of youth services, where we work with troubled youth who often have disabilities, psychological as well as physical.

In conclusion, often as I have walked around the Hill talking with people about this reauthorization, staff and others have said to me, Well, Eric, that is all great, but things are different in Ohio than they are elsewhere.

Well, my question is: Why not? Why not be like Ohio? Why not apply to what we are about today the question of how will more

people get jobs, and how we will be more accountable to the taxpayer and to the person with a disability.

We would challenge this subcommittee, Congress and the other States to join us in striving to achieve jobs, more jobs and better jobs.

I will be happy to answer your questions later.

Senator DEWINE. Mr. Parks, thank you very much.

[The prepared statement of Mr. Parks may be found in the appendix.]

Senator DEWINE. Ms. Meece?

Ms. MEECE. Mr. Chairman, Senators, it is an honor to be here. The only thing I can think of that might be more exciting than this is to meet Oprah and Garth Brooks. If anybody can help me with that, please let me know. [Laughter.]

I am not a politician, so I can and will be brief. [Laughter.]

Senator WELLSTONE. Boy, oh, boy. Listen, I think the Republicans need to hear that, okay.

Ms. MEECE. Obviously, that is whom it was directed to.

Senator WELLSTONE. Of course. [Laughter.]

Ms. MEECE. Gentlemen, it is show-and-tell time. I am a photographer, so I have to show you some pictures to tell my story, and I am going to stand up, if that is okay.

Now, if you can see these photographs from there, that is amazing to me, first of all. This is the very first picture that I ever took. My instructor told me that my first three or four rolls of film were going to turn out really badly and that I would not have any usable images on them. I think he was wrong. I love this picture, and I was so excited about this picture that I quit my job, a full-time job, and went back to school. And to this day, this continues to be my very favorite picture—and for $75, anyone in the room can have one just like it. [Laughter.]

Senator DEWINE. It is a great picture. Where was the picture taken?

Ms. MEECE. It looks like a flower bed, like a field of tulips. Actually, this is a flower bed at a cemetery.

Senator DEWINE. Really?

Ms. MEECE. Yes. It is not even as long as this table and probably not as wide. "Vanna" will be bringing those around to you. [Laughter.]

Senator DEWINE. I will not comment on that.

Ms. MEECE. He probably will appreciate that.

This picture, I did while I was in school, and school was extremely difficult for me, because I had 20/50 vision then. To put that in perspective for those of you who can see, 20/50 is just good enough to get a daylight-only driver's license. At that point, I was 26-years-old, and I had to be home at 5 o'clock, because that is when it got dark. If you all saw 20/50 with your glasses, you would be running to your eye doctor, saying, oh, my God, I cannot see anything.

School was such a challenge, but I just loved it, and I did it, and I thought the worst was over. Little did I know that 3 months after I graduated from school, I was going to have an optical hemorrhage. My vision dropped, literally, in the blink of an eye. I mean, I literally was driving down the road, blinked, and I could not see

anything—it is not real good to be driving a car and have that happen. But I got to where I was going. My vision dropped from 20/50 to 20/400, which means that now, I cannot see anything.

I found the Rehabilitation Services Commission at that point—I do not remember how—and they got me some adaptive equipment, which was very exciting. But the best thing and the most valuable part of my program was the BOSS program. I went to school; I learned how to write a business plan which was absolutely terrifying—it was very fun, though, after I got into it—and as a direct result of that, I figured out that I could not be taking pictures of just anything. Architectural photography is what I have to do. I cannot see faces well enough to focus on them. For instance, right now, all of you—and are three of you there?

Senator DEWINE. Four.

Ms. MEECE. Oh, I am missing someone.

Senator DEWINE. It must be Senator Warner. [Laughter.]

Ms. MEECE. But you are all blobs. [Laughter.]

Senator DEWINE. We have been called a lot of things.

Ms. MEECE. I am sure—probably a lot worse.

Senator DEWINE. A lot worse, that is correct. [Laughter.]

Ms. MEECE. Now, obviously, I know that Mr. Chairman is the best-looking blob, but other than that, I cannot tell whether or not any of you have hair or how old you are, or whether you are wearing ties—I would guess that you are—but I cannot see any of that, standing here, from where I am.

This is one of the pictures that I did last summer for a client. This is Saint Xavier Church in Cincinnati. This is, again, a picture that—I cannot see this; even as an 11- by-14 photo, I cannot tell what is in this picture unless I put it under my CCTV, and I blow it up, and then I look at it and I think, oh, there is an altar there. That is good.

So, it is a challenge to be a blind photographer. You are probably wondering now how I do that. Well, I see 20/400—that is usually on a good day. I see light and dark, I see color, I am very, very sensitive to texture, and I can see shape. And if you really stop to think about it, that is what a photograph is made of—all of those elements. Now, I have learned some tricks on how to focus the camera. Some days they work, and other days they do not. And I have a sighted assistant who helps me with that.

The point of all this, I guess—well, actually, now that you know how I see, I guess you can understand the name of my business a little bit. It is Miracle Images. That is, if the picture is in focus, it will be a miracle.

Without the RSC program and the BOSS program especially, my miracle would not have ever happened. It would not exist. And that is what I wanted to tell you here today.

I have a portfolio of pictures if any of you have a chance or if anyone in the audience would like to afterwards. I will be here, and I will be happy to answer your questions.

Thank you very much.

Senator DEWINE. Thank you very much. That was fantastic. Your timing is perfect.

You win the prize.

[The prepared statement of Ms. Meece may be found in the appendix.]

Senator DEWINE. Ms. Veller?

Mr. VELLER. Good morning, Chairman, Senator Jeffords and members of the subcommittee.

My name is Kevin Veller, and I run a program under Projects with Industry, under Title VI of the Rehabilitation Act. I am also chair of the International Association of Business, Industry and Rehabilitation.

Projects with Industry was created in 1968 as an experiment, as an innovative experiment in involving the private sector in the rehabilitation process. Not only have we been proving our worth since then, but our methodology has been adopted by other placement agencies. In my view, successful job placement cannot occur without the involvement of employers, because ultimately, it is employers who have the decision to hire or not to hire the people that we refer for jobs.

We do this through the creation of business advisory councils. The business advisory councils provide a business-oriented bridge between rehabilitation and employers, between jobseekers and jobs. PWI complements the State Vocational Rehabilitation program. The vast majority of people we serve come to us through State voc rehab which work with them for the other rehabilitation needs.

We are making a number of recommendations to increase the linkage between rehabilitation, business, and jobseekers with disabilities.

First, recent regulations within RSA require that PWIs provide or make available skills training. This requirement virtually makes it impossible for an agency the size of mine in a rural community like Vermont to deliver such services. But the good news is that employers tell us repeatedly that they are looking for the right person, and that they, the employers, will provide the skills training on the job. That is why many PWIs emphasize the importance of job readiness training and job seeking skills training. The training component should be left to the individual projects as guided by the local business community which serves on their business advisory councils.

Second, a job seeker with a disability has many barriers to overcome in the process of looking for work. Eligibility for services which are designed to serve them should not be one of those barriers.

PWIs should be a vehicle to consumer choice and to jobs. Currently, eligibility for PWI services is limited to those who are already State voc rehab clients. The PWI authority should be modified to allow services to people determined eligible for State voc rehab services, or people determined eligible for SSI or SSDI, or people in special education, or individuals with disabilities, including physical, emotional, mental or other severe functional limitations in accordance with the definition under the Job Training Partnership Act.

Third, PWI has had standards and indicators which we are accountable for since the late 1980's. RSA should update these regularly so that they are true measurements of outcome.

Fourth, it is time for Congress to ensure that PWI funding is commensurate with our proven success. In fiscal year94, which is the most recent year for which RSA has the data, PWI placed 11,604 people into employment, 77 percent of whom were considered to be severely disabled. In Vermont last year, if we use my State as an example, we placed 241 individuals into employment at a cost per placement of about $1,400 per person, at a return for the investment of about seven-and-a-half to one. Based on the people whom we were helping to get off Social Security, the savings in taxes paid will result in an estimated gain of close to $600,000 to the Federal Government in 1 year alone.

Despite our results in Vermont, we do not know if we will have funding come October 1st. RSA has reduced the maximum levels of funding that any one project can receive by 25 percent. So at the very best, we will receive 25 percent less funding, and at the very best, we will place 100 fewer people into jobs next year.

PWI nationally receives less than one percent of the funds for basic State grants. I would ask the subcommittee to consider increasing that to 2.5 percent of the overall Title I funding, thereby dramatically increasing job placement for people with disabilities and more than doubling our placements.

Fifth, the beauty of Projects with Industry is its entrepreneurial nature and its close alliance with service providers in the private sector. In order to preserve this and to maintain the enormous amount of time and energy and money that we receive from the private sector, PWI needs to be maintained as a separate, discretionary program.

Sixth, use PWI as a link with other programs. PWI can be a vehicle to improve linkage between Department of Education, Department of Labor, and Social Security. Any new legislation concerning job training programs should include people with disabilities among the targeted population; include people with disabilities and service providers of people with disabilities—just real quickly—in the work force development boards; and use the DOL demonstration authority to develop PWI models for replication at the local level.

These are essentially my highlights. We agree in concept with most of the points that are put forth by the Consortium of Citizens with Disabilities, and I appreciate the opportunity to be here.

Senator DEWINE. Good. Thank you very much.

[The prepared statement of Mr. Veller may be found in the appendix.]

Senator DEWINE. Mr. Johnson?

Mr. JOHNSON. Mr. Chairman, Senator Wellstone and members of the committee, thank you for the time to come here.

I actually feel real lucky that I can be here with the issues that we just went through in Minnesota and North Dakota with the floods. Our center did take 5 feet of water on the main floor. Four of our staff lost their homes or had significant damage. And I want to report today that this is a success story. Options was back up and running—the flood happened Friday—we were back up and running as a center for independent living out of a staff member's home on Monday, the day after the flood. Within 2 weeks, we had temporary office space. We are working, and I put together this tes-

timony on folding tables with pretty dilapidated, kind of wet computers, but we got it all put together, and I am happy. I am happy that I am here. I wanted to wear a T-shirt, though, that said, "FEMA: Show me the money," because that is a concern.

I have been involved in independent living for a number of years. I ended up in a wheelchair almost 20 years ago and went through the vocational rehabilitation process and established Options 10 years ago—it will be 11 years ago in October. And one of the major guiding principles of independent living is consumer control. People with disabilities need to have control over what kinds of services and programs are going to be provided. One of the definitions of consumer control within Title VII of the Act which governs independent living, says that we need to "vest power and authority in individuals with disabilities." That is a critical component within independent living.

In 1992, with the reauthorization, we saw more and tighter consumer control and choice principles implemented within the Act, within independent living. And they are working great. They are reducing paperwork, they are giving people more control over what is going on, and we are able to help more people live more independently out in the community.

Statewide independent living councils, which were set up to provide input and guidance and direction for the development of independent living within each State, are going great, especially in Minnesota.

One thing that we have to look at doing, though, is providing more control and giving them control over their funding and information so that we can make sure that they are on a level playing field with the State voc rehab agency or the designated State unit—whoever they are. If one entity has the information and has the money, it is kind of hard to play ball with them. So what we want to do is try to make sure that you give some of that authority to those consumer-controlled entities, and that is the Statewide independent living council that guides independent living. And I think you also have to take a hard and fast look at the rehab advisory committee and try to invest some more power into that.

In Minnesota, Senator Wellstone, we have got a wonderful rehab advisory committee that does great work; they are empowered individuals. But the information that they provide is literally considered advisory. And when we got into this whole work force center implementation within the State of Minnesota, it was a bloody nightmare, because they did not listen to people with disabilities. And if you do not take the information and base what you are doing on the needs of individuals with disabilities, you are not going to develop a program that is going to do anything. It is not going to be as successful. And independent living has proven that. Within both the State of Minnesota and the State of North Dakota, the State invested additional money into independent living. And I think that is something, Mr. Chairman, that you want to do. You want to set up a program and implement policies and procedures where people want to invest more money from the State level and make a partnership that works. I think that is something that we can do.

And right here, you cannot regulate relationships—we understand that—but you can produce an environment through your regulations that makes it conducive for good relationships to happen. I have a wonderful working relationship with the VR agency in Minnesota and with the VR agency in North Dakota—wonderful. I think vocational rehabilitation and independent living go together like a hand inside of a glove, because you cannot live independently without having some type of employment; and you cannot really go out there and be employed unless you learn how to live independently. I mean, it is the reality of it.

We all know that there are certain individuals with disabilities who will not have a career-based job. We understand that, and we need to provide and have provisions for that. But within the vocational rehabilitation system, we can make it so that people can have careers.

I see the yellow light coming on. There is one point that I want to make at the end. There is a 130 project—vocational rehabilitation for Native Americans. We can make that program flexible by letting them provide independent living services, as long as they follow the consumer control and consumer choice principles, and give them an opportunity to do whatever they want to do.

What I have seen, in working with the Red Lake band of Chippewa in Minnesota and with the Lakota in North Dakota is that we can do this—this is something that you can do with a small, simple regulation and provide flexibility to the Native American population so that they can provide services to their people and help them live independently and get a job, too.

My last point is that independent living is not Republican; it is not Democrat. It is just plain, good, common sense. It helps people with disabilities help other people with disabilities to live as independently as possible in the community of their choice and get jobs, as long as we work together with vocational rehabilitation.

Thank you. Any questions?

[The prepared statement of Mr. Johnson may be found in the appendix.]

Senator DEWINE. Thank you all very much.

Let me start with a question to Ms. Meece. You had what you describe as a very positive experience with vocational rehabilitation in Ohio. I wonder, though, if you have, based on your experience or any other information, any suggestions as to how the system could be improved?

Ms. MEECE. Specifically, it would be better for Mr. Parks to answer that, but I can tell you in general, yes. The services that I received were tremendous. What I got—the concrete things that I have—have helped me tremendously. Besides mobility training, I have a little telescope that helps me see street signs and things like that; I have a computer system. Those things—and my CCTV—have helped me tremendously.

But there has got to be a way to streamline this entire process. If you, Mr. Chairman, or any Senator had to jump through the hoops that we have to jump through, I think you would be fed up with the system and tempted to quit. So I think streamlining—there has got to be a way.

Senator DEWINE. Do you want to describe that a little bit? For people, such as ourselves, who have not been through that, as you say, what do you mean?

Ms. MEECE. The hoops that I had to jump through?

Senator DEWINE. Yes. Without giving us all the gory details, what do you mean by that? Explain to someone who has not been through that what that means and what kind of challenges you had to face, or anybody has to face.

Ms. MEECE. Well, Mr. Chairman, I guess it is the time that it takes to get anything. For instance, I knew that I needed a CCTV—or, actually, I did not. They told me what a CCTV was, and I thought, wow, I could use one of these. And the time it took between going to the Low Vision Center in Columbus and the time that I actually received it, just seemed like an unacceptable amount of time. And I understand that that is not because of the paperwork I have to do, but the paperwork that a counselor has to do. And Mr. Parks might be able to explain a little bit more about what all that involves, but it just seems that it takes so long to get things, to get services that you need.

Senator DEWINE. Let me use that as an example, or pose that as a question to our other three panelists, as far as what specifically can be done, if anything, as we write this legislation or rewrite this legislation. And we always run into the problem that you write legislation with one intent, and maybe there are some unintended consequences to that, and I would like you to address that. Also, obviously, there are the things that can always be done at the State level to streamline a system, but the topic of today and what our responsibility is as we reauthorize this legislation—we all, obviously, want to do whatever we can to streamline the system and deal with the problems that have been outlined by Ms. Meece.

Mr. Parks, why don't we start with you?

Mr. PARKS. Thank you, Mr. Chairman.

The problem is that the Title I of the Rehab Act is replete with prescriptive language, and yet we are asked to adapt that to individual cases. It becomes extraordinarily cumbersome for the counselor who, in order to buy Ms. Meece's CCTV, may have to spend 4 or 5 hours writing all the rationale and justification for that purchase.

The IWRP has some arbitrary prescriptive time lines, for example. We have submitted to your staff previously and have available today copies of a marked-up Title I. Our staff certainly does not profess to be experts in Title I; on the other hand, they have to work with it every day. And three of our staff people, in the course of a couple of afternoons, were able to reduce the 100-plus pages of Title I to about 75, and in fact, we went through and separately reduced Title I to 2 pages. Now, I know there will not be enough "Whereases" in that for this committee to ever consider those 2 pages, but in fact, the essence of Title I can be boiled down to two pages. We think it is far too focused on process and not enough focused on outcome.

And I fear that the regulations and standards and indicators—the regulations that were only recently produced, and the standards and indicators that are not yet out—both make even more cumbersome the process for our counselors. I guess that is our big-

gest concern in getting a case like Ms. Meece's handled, is that our counselors spend so much time doing paperwork to justify why a blind woman who cannot tell whether you are a blob or not needs a CCTV.

Senator DEWINE. Ms. Veller?

Mr. VELLER. Yes, I would echo that. I feel that we in rehab practice defensive rehabilitation. And we spend a lot of time and energy with the thought that we will be audited and our paperwork will be reviewed. I think that any time you legislate process, it gets in the way of the intent; I think that if we in rehab ran it like a business, we would look at every—my language is to call people "jobseekers with disabilities"—and we would be knocking ourselves out to touch as many jobseekers with disabilities as we could.

The process gets in the way of that. If somebody knocks on our door for services, generally, they are not going to get services that day. They are going to be told to go away and come back when it is convenient for us. So I think that, rather than legislate the process, it is with the outcomes in mind.

Senator DEWINE. Mr. Johnson?

Mr. JOHNSON. I think one of the major issues is that if you could implement consumer control and choice and get information from people with disabilities, they would tell you point blank how to streamline the process.

Two real quick points. One is to streamline eligibility. Somebody who is blind who walks into a VR office—and I mean, they are blind—you should make them eligible right there and then. It should not take 60 days. It should be—boom—done, and then provide them an option for the waiver on the IWRP.

A lot of short-term people—if people come in and they just need a small amount of assistance, we do not need to go through a whole IWRP process. Let us give them the option to waiver. We did it within independent living in 1992, and it worked. It has worked great.

Senator DEWINE. Good.

Ms. Veller?

Mr. VELLER. Could I add one thing—around careers, the same sort of thing. The current system makes it very difficult for my services to be available to somebody who wishes to come back for the next job, or their own career development.

Senator DEWINE. Let me just say that we appreciate very much your input, Mr. Parks. We have received the information from you and the assistance of your folks, and I would welcome, after this hearing, additional input from any members of the panel or any members of the audience, to try and streamline this system. We write the law, regulations are put out, and then you have to deal with it. And many times, Congress does not fully appreciate, I think, what you have to go through, but more importantly, what the consumer has to go through, the client has to go through, and the time that they have to wait. If there is anything that we can do to cut that down, we certainly want to do it. That is not a partisan issue, and I do not think that there is any member of this panel who wants to sit up here and try to increase the time or who would not be very interested in cutting that time down.

We do have—Senator Wellstone wants to make a comment, which I am going to let him do, but we do have a vote on, and we have about 7 minutes to go. I am going to turn to Senator Wellstone for any comment or question he has. Then I would ask that we stop and vote, and I am going to go ahead.

Senator WELLSTONE. I am actually not going to ask the question, because I am not going to be able to get down there in time for the vote. But let me just make one comment while you are here, and then we will both take off.

First of all, thank you. This was great testimony. Just one other perspective to throw into the equation—it came from your testimony, Ms. Veller. I heard from all of you—and Jay, you talked about this a lot—consumer choice, decentralize it, streamline. But I also think we have to understand that vocational rehab is underfunded. So let us not, just for the matter of the record——

Mr. JOHNSON. Amen.

Senator WELLSTONE [continuing]. Let us not just get carried away on streamlining and administrative changes without the adequate funding. If you have a lot of money, and you do not have consumer choice and decentralization, it will not work, but you can have all the consumer choice in the world and all the streamlining, and if you do not have the adequate investment, it is not going to work. So let us please make sure that we keep our eye on that prize as well.

Thank you very much.

Senator DEWINE. We would just advise the panel. We will be back in 10 to 15 minutes. At that time, we will resume questions for this same panel with any members who are here—Senator Wellstone, then Senator Jeffords. So, you almost made it, but not quite. We appreciate it very much. We apologize, but we do have to go vote.

Thank you.

[Recess.]

Senator DEWINE. We thank you all for your indulgence and patience. Let me turn now to Senator Jeffords.

The CHAIRMAN. Thank you, Mr. Chairman. It has been a great morning of wonderful testimony. This is an area, as you know, in which I am deeply involved, and now, sitting also on the Finance Committee, I also have an opportunity to try to handle other aspects of it.

That is why I had the Disability Work Incentives Improvement Act of 1997, which I believe you are probably familiar with, which will try to remove some of those disincentives which you had talked about, like going to work and losing your benefits. And I just want to let you know that—talk it up—I appreciate all the help I can get, because I want to really move that, hopefully, out of the Finance Committee this year. It would be so helpful to all of us to remove those disincentives built into Medicaid and other Federal programs.

Right now, I would like to concentrate along those lines—on getting a job, and what we need to do and how we need to improve things to get a job. And Kevin, because I believe that Vermont is so fantastic, and you are an example of it, I would like to get a little bit more information on how you handle the certain areas. The

Vermont Human Resources Investment Corps—the Council, rather—the entity which tries to work with the work force development policies and training policies and so forth—what additional steps need to be taken to further enhance Vermont's HRIC and other States' efforts in this area?

Mr. VELLER. Well, am not totally sure, but I sit on—there are regional groups throughout the State, and I sit on——

The CHAIRMAN. Maybe you better explain a little bit what we do there.

Mr. VELLER. We have a Workforce Investment Board that is Statewide, and the thinking is that it will be a conduit for funding that will go to pockets throughout the State. And simultaneously, what has happened in those various pockets is a lot of school-to-work efforts. And the thinking is that if we can get training and education more in alignment with what employers are looking for, that it will be a better, consolidated effort.

I sit on one school-to-work effort in Chittenden County, VT, which is our largest community. We are trying to figure out how we are going to connect with the WIBs, the Workforce Investment Boards——

The CHAIRMAN. Explain a little bit what the Workforce Investment Board is.

Mr. VELLER. To the best of my knowledge, it is consolidating the various training programs so that we are working in better alignment and collaboration with each other. But I must admit from my perspective, and from where I sit on the local group, that we are still waiting to see how well we really will connect.

The other observation that I have is that we want employers to be involved, but it is difficult, and I think that when there is a governmental structure, what often happens is that the employers will come to the table, and then they will disconnect. And I see that. So I am working on a local effort, and part of what I am supposed to do is to bring in my employers from our business advisory council and bring them to the table, and to keep the agenda on the table for people with disabilities in this overall scheme.

The CHAIRMAN. The Workforce Investment Boards are basically created to tie in the training people with the business community so that they train for jobs that are available, and obviously, we have to fit into that with the rehabilitation picture in order to take advantage of that marriage so that we have a complete connection of rehabilitation groups with the training groups with the business groups, so that we can get everybody working together to help coordinate these efforts.

Mr. VELLER. Yes.

The CHAIRMAN. I am a great fan of it. We are kind of in the learning stage on these things, but I just want to say again that I appreciate what you have done for our people in Vermont, and we look forward to continuing to work with you.

Mr. VELLER. Likewise.

The CHAIRMAN. Mr. Chairman, I have a statement that I would like to place in the record.

Senator DEWINE. It will be made a part of the record.

The CHAIRMAN. And I have to leave to go to another committee now, but thank you. It was wonderful testimony. You are really dedicated people, and I appreciate your work. Thank you.

[The prepared statement of Senator Jeffords follows:]

PREPARED STATEMENT OF SENATOR JEFFORDS

Mr. Chairman: You are to be commended for holding this reauthorization hearing on the Rehabilitation Act. We all have a special interest in strengthening America's work force and making sure that our workers and potential workers have the training, skills, and supports they need to be competitive in a global economy. The programs authorized under the Rehabilitation Act annually provide funding for post-secondary education, skills training, job placements, and supports for 1.25 million individuals with disabilities who want to work, can work, and do work.

The challenge we face in this reauthorization is to make the Rehabilitation Act—the programs it supports—ready, willing, and able to be a full partner in every State's effort to move toward a comprehensive statewide work force development system. This is essential because, although State vocational rehabilitation agencies are able to reach and assist 1.25 million individuals with disabilities each year, there are 18 plus million individuals with disabilities that are unemployed or underemployed, who go without help, many of whom are without hope.

Who are these individuals? They are young men and women with learning disabilities, who have potential and motivation, but lack the current ability to read, compute, or express themselves in a way that allows them to find jobs independently. They are individuals who are losing their sight and cannot find computer software that can help them to continue in their current jobs. They are individuals who cannot leave their home because they cannot find transportation to get to jobs. They are individuals, for whom society and their families, make decisions about if they can work or what they can do if they do work, and many, many more.

Clearly, if systems that help individuals find and keep jobs were streamlined and coordinated, individuals with disabilities would have increased opportunities to get and keep jobs they want. In this reauthorization we have two choices. We can either take a minimalist approach, and simply extend the Rehabilitation Act for a few years without change. Or, we can amend the Rehabilitation Act so that it will be a strong, viable partner to State work force development systems. This latter choice would be my preference.

Much of the work has been done for us. For example, the amendments in S. 143, adopted by this Committee in the last Congress, offer us provisions to link State vocational rehabilitation agencies to State work force development systems. The consensus achieved on these provisions has not unraveled. In addition, the amendments to the Rehabilitation Act contained in H.R.1385, legislation recently passed by the House, also benefit from broad support.

I recommend that we build on the foundation of the Rehabilitation Act and the amendments to it contained in S. 143 and H.R. 1385, by considering additional amendments that would: strengthen the role of the individual with a disability in developing his or her individualized rehabilitation employment plan; streamline the

vocational rehabilitation process, by eliminating artificial or unintentional barriers to an individual's employment goal; streamline the rehabilitation process to maximize the use of limited resources; provide broad access to core services, when operating under an order of selection; improve the ability of counselors, in a fair and consistent manner, to identify individuals most in need of assistance from a State vocational rehabilitation agency, when an order of selection is in effect; reduce the paperwork burden on State vocational rehabilitation agencies by simplifying the data reporting requirements; and bring new levels of accountability to the rehabilitation process by comparing vocational rehabilitation offices within States and vocational rehabilitation agencies across States in terms of how many individuals with disabilities, who were assisted, obtained jobs, at or above the minimum wage, with or without benefits, for at least nine months.

With the consideration and subsequent adoption of these amendments, it is my firm belief that we can strengthen the ability of the vocational rehabilitation system to serve individuals with disabilities.

We can improve the employment outcomes for vocational rehabilitation participants by increasing their employment options.

Ultimately we can move closer to our goal of providing opportunity, encouraging participation, fostering independence thereby decreasing dependence, and improving the quality of life for individuals with disabilities.

Senator DEWINE. Let me thank all of you very much for your testimony. It has been very, very helpful. It has, I think, been very instructive for this committee as we try to see what improvements we can make in the legislation.

We have come a long way in this country, and we have a way to go, and we appreciate very, very much your help in helping us to try to craft legislation this year that will be easier for the States to administer, easier for you to deal with. And we certainly are going to take your suggestions in regard to trying to streamline the process and cut down on the red tape, and again, I would invite you as I did earlier, if you have any additional suggestions or comments in the weeks ahead as we work through this legislation, to please feel free to contact our staff, and we would welcome those comments. Again, thank you very much.

Let me invite our third and final panel now to come up, and as they come up, I will introduce the members of the panel.

Janet Samuelson has worked in the rehabilitation and employment field for 20 years. Before moving to Virginia, she ran a community rehabilitation program in Florida. She currently serves on the board of the Virginia Association for Community Rehabilitation Programs and is the secretary of the board of directors of the American Rehabilitation Association and chair of its vocational division. She testifies today, however, as the president of Fairfax Opportunities Unlimited, a nonprofit community rehabilitation program headquartered in Fairfax, VA.

Mr. Douglas Taksar is our next witness. Following his graduation from a special education program in Chantilly, VA, Mr. Taksar and his family relocated to Germany, where he worked in a military warehouse as a stocker and was later promoted to the position

of warehouseman. Upon his return to the United States, finding it difficult to find work, he was referred to Virginia's Department of Rehabilitative Services and to Fairfax Opportunities Unlimited. There, he has excelled, found permanent employment and has received numerous accolades for his achievements.

Our next witness will be Bobby Simpson. Prior to joining the Arkansas Rehabilitation Services Agency where he now serves as commissioner, he was the research and training coordinator for the Region VI rehabilitation continuing education program in Hot Springs, AK. He recently assumed the presidency of the Council of State Administrators of Vocational Rehabilitation, and it is in this capacity that he testifies today.

Mr. Paul Marchand, in addition to being the director of governmental affairs for the Office of the Arc, is the chairman of the Consortium for Citizens with Disabilities. Citizens with Disabilities is a coalition of almost 100 national disability organizations advocating public policy affecting individuals with disabilities.

Let me start with Ms. Samuelson. Thank you all for joining us.

STATEMENTS OF JANET E. SAMUELSON, PRESIDENT, FAIRFAX OPPORTUNITIES UNLIMITED, ALEXANDRIA, VA; DOUGLAS TAKSAR, FORMER CONSUMER, FAIRFAX OPPORTUNITIES UNLIMITED; PAUL MARCHAND, CHAIRMAN, CONSORTIUM FOR CITIZENS WITH DISABILITIES, WASHINGTON, DC; AND BOBBY C. SIMPSON, PRESIDENT, COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION, AND DIRECTOR, ARKANSAS REHABILITATION SERVICES, HOT SPRINGS, AK

Ms. SAMUELSON. Senator DeWine, thanks for having me here to speak from a community rehabilitation program perspective.

As you said, I represent Fairfax Opportunities Unlimited. We are a nonprofit organization with a mission to put people with disabilities to work. We serve about 850 people annually in four States and the District of Columbia. I want to take just a minute or two to tell you about our program, because I think it provides a philosophical framework for my thoughts about the Rehab Act.

Over 80 percent of the people we serve have either a cognitive disability or mental illness as a primary disability. We create employment by working in partnership with business and with Government, both by directly placing people with employers and also by affirmatively employing people.

Only about 20 percent of our $14 million annual budget is earned through public rehabilitation contracts. About half of our program participants are funded through public sources, so you can see that we substantially leverage public support to create value for our public sector customers, as well as to fund services for people who are not eligible for public support.

Most of our revenue comes from affirmative business services that are provided to Government and business. We really specialize in applying the right solution of people and technology and training in order to meet a business customer's needs, and that allows us to fulfill our mission by using that labor market-driven approach to create employment opportunities for people with disabilities.

We really think that the future of opportunities with significant disabilities is created by our ability to help people compete in a technologically changing work force.

My written testimony has more detail about my thoughts, but here is the relatively short version—and you will hear me affirm some of the things that I think you have already heard today.

Generally, I think the Rehab Act is woefully underfunded and overregulated. The Act is really the primary enabling legislation for people with disabilities to get jobs, and yet I have seen it become a bit player in many community rehabilitation programs. Way too much of already limited available resources get used in things like eligibility determination, assessment, individual plan development and a lot of other activities before getting to the actual services which get jobs. I have always heard from consumers and VR counselors and staff alike, and I think that you heard it today, too, that there is a lot more process than adds value to an employment outcome.

Everything that you can propose to strengthen an applicant and a client's ability to direct and control the process is excellent. The Act should send a clear message not only that the program consumer be a full and active partner, but also really the driving force in the process.

Everything that you can do to eliminate barriers to quick, effective and efficient services for an individual is good. I particularly commend the proposed streamlining of the individual written rehabilitation service planning process. The services such as assessment and planning should really be tools for an applicant and the counselor and should not require paperwork.

It seems clear to me that the Act should be as inclusive as possible in allowing a person options for individual services. I think it is great to see all the new interest in self-employment and business ownership. Frankly, I hope that that does not mean that counselors are expected to be competent venture capitalists.

In the interest of having options open, I also have very mixed feelings about the idea of restricting supported employment or other services to people who can earn minimum wage. In my 20 years in the field, I have seen dramatic changes in the concept of who gets considered not only competitively employable, but employable at all, and I am concerned that it is a very shortsighted perspective. I know that in Virginia, very few resources get used in supporting sub-minimum wage options, but I do think it is an important option for the counselor to have when needed.

I think all of the proposed linkages to State work force development programs should help assure access and coordination. There are several areas that I think could be strengthened by specific reference to community rehab programs, and that is because we bring an effective community and labor force broker expertise that is important both to employers and to consumers.

I also believe that there should be a lot more reference in the Act to technology—both to finance and promote technology for the field and for the individual consumer. I have heard a lot of talk about the importance of quality jobs, and I think the future labor market for quality jobs certainly involves technology. The Act should clear-

ly and aggressively promote keeping pace with technological changes.

I think means-testing has some benefits; it is fine with some other specific comments that I might make. I think that, one, it should not substitute for adequate funding of the Act, but it could serve as a way to do some more equitable allocation of limited resources, and also that it could serve as a reason for financial commitment and investment in the process. I also think, personally, that it would help do away with the impression that people with disabilities are necessarily poor or in need of that kind of assistance. There are too many things in services that promote a charitable model, and I do not think that that is positive in terms of the kinds of things that we are trying to do.

Thank you for the opportunity to present my thoughts. I would be delighted to answer questions today or any time in the process.

Senator DEWINE. Good. Thank you very much.

[The prepared statement of Ms. Samuelson may be found in the appendix.]

Senator DEWINE. Mr. Taksar?

Mr. TAKSAR. Yes, good morning, Mr. Speaker.

Let me tell you a little about myself. I was labeled "MMR" in high school, and you probably look at me today and ask, well, what is your disability—because I get a lot of that.

I was classified, like I said, as mildly mentally retarded in high school, and after graduation, like you said, Mr. Speaker, I got a warehouse job. I was very proud of it because I got it on my own. And then, when I came back to the States, I had real difficulty. I was unemployed for about a year and a half. It was really difficult on me. I was depressed. I did not want to get out of bed in the mornings, I was so depressed, because I was out pounding the pavement.

Then I came across the DRS, which helped me out to lead the way to FOU, which I applied with a Government contract there in 1992. I successfully worked and learned good job skills through this company. They are a very good organization to learn good job skills. If it had not been for them, to tell you the truth, I do not know where I would be today, because now, I have graduated from them, and I work for the Environmental Protection Agency. I deal with opening, stamping and sorting mail for the administrator and the deputy, for the honorable deputy and Carol Browner and her staff on the 12th floor. I also make mail runs up there.

I am very proud, and I have accomplished a lot, and I cannot believe that a person with a disability could get as far as I have. If you want to count it hourly, I am making more than minimum wage—a lot more—and so I am just real proud.

They gave me this button right here when I graduated, during the awards ceremony, and one of the guys who gave it to me who was with Janet said, "I do not want you to ever forget your roots," and this is where it sits, right by my heart.

I thank you for listening to me.

Senator DEWINE. Thank you very much.

[The prepared statement of Mr. Taksar may be found in the appendix.]

Senator DEWINE. Mr. Marchand?

Mr. MARCHAND. Good morning, Mr. Chairman—or, is it afternoon?

My name is Paul Marchand and I am the director of the governmental affairs office of The Arc and also serve as chair of the Consortium for Citizens with Disabilities. I would be glad to yield to Mr. Simpson if you would like to stay in that order.

Mr. SIMPSON. No; go right ahead. Go ahead.

Senator DEWINE. Whichever way the two of you prefer is fine.

Mr. MARCHAND. We serve on boards together, so we get along real well.

CCD is a coalition of almost 100 national organizations that represent consumers, advocacy groups, providers and professional associations, and we all advocate on behalf of children and adults with disabilities and their families. The CCD employment and training task force that I am representing today monitors Federal policy that affects the employment of people with disabilities, and I would like to summarize our written statement, which I hope will be made part of the record.

Mr. Chairman, a few initial points.

First, the Rehab Act is a crucial law. For approximately a quarter of a million Americans each year, it opens or reopens the door to a job and results in productive, more independent, taxpaying citizens.

Second, the Rehabilitation Act, as another panelist has just said in exactly the same words, is woefully underfunded. People with disabilities want to be part of the solution to the economic vitality of this Nation, not part of the problem. Yet it is astounding and shameful that the doors to rehabilitation and training remain closed to so many, solely because the money is not there.

We urge this subcommittee to strongly encourage the appropriators in the Senate to substantially increase funding for this vital program.

I also wish to call to your attention that this Act and virtually all Federal disability policy has been crafted on a bipartisan basis, and we encourage you to continue on this path.

CCD appreciates and supports this subcommittee's general approach that the Rehab Act reauthorization concentrates on fine-tuning this vital law, as the 102nd Congress made major changes to this law in 1992. Since final regulations for many of these changes were not published until earlier this year, many of the new provisions have not yet been fully implemented. CCD believes it is wise for the Congress to withhold any further major changes and postpone a lengthy reauthorization until the impact of the 1992 Amendments is better understood.

Now for some specifics. Real wages for real work is an obvious goal of rehabilitation and training. People with disabilities, like most people, want to maximize their earnings to be as independent as possible. That is also true for those individuals with severe disabilities who need and use supported employment to enter and remain in the work force.

Present data indicate that about 30 percent of people in supported employment now earn below the minimum wage. It is vital that the Federal Government set policy that allows such individuals to maintain their jobs and work toward earning at least the

minimum wage. Supported employment is funded in most States by both the Title I and Title VI-C supported employment State grants. CCD urges that both of these sources remain available to any individuals who need supported employment.

To address the minimum wage issue, we recommend a new definition of individual and supported employment for both Title I and Title VI to mean an individual who is competitively employed in an integrated setting or working toward the goal of competitive employment.

Further, we recommend that the Act be amended to make clear that all workers in VR-funded supported employment have the stated goal of at least earning the minimum wage.

The 1992 Amendments significantly empowered consumers of VR services by giving them choices regarding the employment goals, the services that they need, the providers who offer those services, and how those services are delivered. In theory, if not in fact, the consumer is a full partner with the rehab agency in making decisions about vocational goals. Essential to this process is the IWRP, which is the individual plan of how best to achieve employment.

Despite this policy improvement, many individuals seeking rehab services report that the VR systems often dictate what services are available. Many believe the IWRP process should be streamlined to allow for more informed choices for consumers. A provision in the House bill moves well in this direction. If the Senate moves even further in this direction—and we hope you do—we recommend that at a minimum, the following five elements be contained in any streamlined IWRP: 1) the employment goal sought by the individual; 2) the services the State agency agrees to provide; 3) the responsibility the individual assumes; 4) a statement of the individual's rights under the Rehab Act and the remedies available to ensure those rights; and 5) a statement about the availability of assistance from the client assistance program.

CCD is very concerned that this subcommittee is considering financial means-testing of rehab services. While it is clear that there are not nearly enough resources to rehabilitate and train the hundreds of thousands of people with disabilities who want to work and become taxpayers, there is no known data that suggests that means- testing rehab services will alleviate this problem. Prior to moving ahead on this, we recommend a study. Instead, we suggest exploration of other strategies for States where the demand for services far exceeds the resources available—and we have a concept which is contained in our written statement.

Senator DEWINE. Would you like to just take a moment and elaborate on that? Explain that to us here today.

Mr. MARCHAND. Yes, I would. I would be glad to.

Our recommendation, which is not a formal recommendation—we are still chewing on it ourselves—would maintain the present order of selection, which is a process where, if a State says, we do not have enough money to support all of those clients or potential clients who will enter our system, we will look at serving those with the most severe disabilities first, and the States decide on how that process works. In addition to that, we would layer another set of considerations.

First, you would look at those people who have never been employed—they have never had a job before—and then you would look at those who have been previously employed but, suddenly, for whatever reason, are unemployed. Then, you would look at those people who are underemployed—and there are millions of people with disabilities who are underemployed. Then, you would look at those who might be in very serious jeopardy of losing their job, and you would want to prevent that if it is at all possible. Then, finally, you would look at those people who are now employed but are looking toward enhancing their skills for career development.

Senator DEWINE. So that priority list, then, would be contained in the legislation.

Mr. MARCHAND. We would maintain the current order of selection, and then you would look at this other way of trying to make that a prioritization of who might get served first.

Senator DEWINE. I wonder if we could get a reaction on that from any of the panelists? Mr. Simpson, I apologize, we have not gotten to you yet, but I want to just take it by item if we could, and I am interested to see if anyone would like to react to that suggestion.

Mr. SIMPSON. I will always be glad to react. I have not had the opportunity to see this particular proposal. Obviously——

Senator DEWINE. You have heard what we have heard, basically.

Mr. SIMPSON. Yes, sir, I certainly have. It appears quite difficult to administer to me in terms of the level of detail. I would have to take a much closer look at it.

The whole issue of order of selection is a tough nut to crack, there is no doubt about it. How do you go about determining who is the most deserving in terms of people with disabilities who need assistance in order to enter the world of work? It is a real rough challenge that we need to deal with.

The best answer to that is adequate resources to serve the people who need our assistance in order to enter the world of work. That is the best answer that I can give. I will talk later about it.

Senator DEWINE. And I do not think any one of us disagrees with that. We are faced with the reality that I do not think anyone expects the number of dollars available to appreciably increase in this Congress, so I think we need, in the real world, to deal with that in understanding the statements that you all have made, that additional resources certainly are needed.

What this Congress is faced with and what this committee is faced with is the reality that that probably is not going to occur this year, at least to the extent that any of us would like. Then, the question is how do we deal with that. We have to end up making that decision, and obviously, as you administer it, you make that decision every day, and people across this country have to make that decision every day, and I guess the issue is whether there is anything that we can do here that we should be doing differently as we craft this legislation.

Ms. Samuelson, do you want to comment on that, or Mr. Taksar, any comment at all?

Ms. SAMUELSON. I guess I do not have any specific comment except that the—I come over from the suburbs, and maybe I am very naive, but the concept of first come, first served always seemed to

make a lot of sense to me. That never seems to fly very well, but every individual should get what he or she needs, and it becomes very difficult when you start to prioritize on any criteria, I think, to be sure that people really are getting what they need, or that there aren't people who are left out of the system who could be facilitated through it otherwise.

Mr. MARCHAND. I would like to make one more point.

Senator DEWINE. Sure—and Mr. Marchand, I interrupted you, and you can just ignore the red light and keep going.

Mr. MARCHAND. I just have one more point, and that relates to what this subcommittee is doing to the jobs training consolidation bill and how that relates to the Vocational Rehabilitation Act.

We would appreciate—let me call three vital provisions to your attention that we believe need to be in this job training consolidation program as you are shaping it as it relates to people with disabilities.

First, people with disabilities must be made clearly eligible under the new program.

Second, people with disabilities and their advocates must have a voice in all local decisionmaking processes that are established under the new consolidation.

And third, national programs serving people with disabilities that are now operated by the Department of Labor must continue to be authorized. These are among the most successful and cost-effective training programs funded by the Federal Government.

With that, I would like to close, and say that I appreciate testifying today on behalf of CCD, and we look forward to working with you as you proceed to develop and enact a Rehab Act reauthorization which can be fully supported by the entire disability community.

Senator DEWINE. Thank you very much.

[The prepared statement of Mr. Marchand may be found in the appendix.]

Senator DEWINE. Mr. Simpson?

Mr. SIMPSON. Chairman DeWine, members of the committee, it is indeed a pleasure to have the opportunity to provide testimony regarding the reauthorization of the Rehabilitation Act. I am really pleased to provide testimony before so many competent and qualified staff members, too; I know the value and importance of these individuals as we go about the business of reauthorizing the Rehab Act.

I am really proud to be testifying on behalf of the Council of State Administrators of Vocational Rehabilitation. I and my 80 counterparts around the country take a great deal of pride in being strong advocates for people with disabilities and opportunities to provide optimal employment opportunities for folks with disabilities, and we are very proud of the programs that we operate.

We have a very historic and progressive program that provides rehabilitation services annually to some 1.2 million persons with disabilities and obtains gainful employment for some 213,000 persons with disabilities in any given year. As you know, the programs that we administer in public vocational rehabilitation agencies are the cornerstones of this Nation's commitment to assess eligible peo-

ple with physical or mental disabilities prepare for and enter the world of work.

We feel that the 1992 Amendments to the Rehabilitation Act took some really positive steps in reaffirming the focus and the purpose of the Rehabilitation Act, and that is to focus on competitive employment outcomes, providing consumers with informed choice, and a customer-friendly, simplified process.

Even though the Federal regulations for Title I of the Rehabilitation Act were only finalized in recent months, at CSAVR, we took the Amendments very, very seriously, and upon passage in 1992, we took steps to immediately implement some of the provisions and concepts in the 1992 Amendments.

We placed considerable emphasis on streamlining initiatives that are designed to eliminate burdensome bureaucratic processes, to reduce forms and paperwork, to put in place a system which empowers the rehabilitation counselor to work in partnership with the person with a disability and take only those steps that are necessary to move toward quality employment outcomes.

We have taken these steps on our own. A lot of States in this country are really moving forward with streamlining initiatives that we would be glad to share with you in more detail on other occasions, and in fact, we have. We have taken steps to eliminate—on our own—in a streamlining process some—we are currently required to move people with disabilities through some approximately 22 statuses, I assume, that you may move an individual with a disability in and out of, that gets to be a terribly cumbersome process.

Senator DEWINE. Do you want to explain that for me?

Mr. SIMPSON. Well, there is a wide variety of statuses—everything from applicant status to a status around eligibility, to a status where an individual has been determined eligible, yet a plan has not been developed; you have got a status where the plan has been developed, and the person is in the training status, so you have got a status you have got to identify and move them to there. When they are ready for employment, you have got a status for that, for ready-for-employment status.

Senator DEWINE. You are up to nine so far. [Laughter.]

Mr. SIMPSON. You do not want me to take the time to name all 22.

Senator DEWINE. I think you can do it, though.

Mr. SIMPSON. I think I can. But it is a nightmare that our counselors deal with on a regular basis, and they do it very effectively.

Senator DEWINE. Well, explain to a layperson who does not deal with this every day: what does that mean—you have 22. What does it mean for the people who have to administer it, what does it mean to the client? What is the effect?

Mr. SIMPSON. We have heard issues around consumer choice, we have heard issues around delays in eligibility determination—a lot of those factors. I think this status system is a prime example of where we tried to build in a process that is absolutely unnecessary.

What we propose—you do not need any more than four statuses, in our minds as rehabilitation professionals, working with people with disabilities every, single day.

Senator DEWINE. You are getting nodding behind you there; you are getting affirmation.

Mr. SIMPSON. I hope so. We have a status related to assessment; we have a status related to eligibility determination; we have a status related to—well, forgot the assessment—we have got to have one, but a status related eligibility determination; a status related to the development of the IWRP; a status that relates to delivery of services, and a status that relates to an employment outcome, the achievement of an appropriate employment outcome.

You really do not need more than those four statuses. We have got State agencies around this country that right now, on our own, are currently operating with only those four status systems, maintaining a data system in the background—which is extremely expensive and cumbersome—to keep some quite questionable data, perhaps, as it relates to all those other statuses I have just mentioned. There are a number of States around the Nation that are moving forward with that process.

Streamlining is alive and well with or without regulations, and we have moved forward with it, and we are really committed as people who operate State vocational rehabilitation agencies to do everything we can to move a streamlining agenda forward.

Senator DEWINE. Your testimony is that you are doing it anyway, but——

Mr. SIMPSON. Yes, sir.

Senator DEWINE [continuing]. What is the rest of that? "But" you need what from us? Or do you need anything from us?

Mr. SIMPSON. We need you guys to really emphasize the importance of streamlining the public vocational rehabilitation system so that we cut out unnecessary process, we still have an opportunity to be accountable and focus on quality outcomes. Eliminate a lot of the process requirements that our counselors feel like they have—the steps they have to take to cover themselves, so to speak, in the event of a review, audit, or so forth.

Senator DEWINE. Mr. Simpson, how much of that derives from the law and regulations, and how much of that derives from a culture or a—do not take offense to this—but from a bureaucratic reaction to try to protect themselves? I see that in every form of Government. I have seen it at every level of Government, and those of us at the policy level are sort of responsible, I think, for that culture, because we do not, as a matter of public policy, reward success very much. We just blame people if they mess up, and so the whole emphasis is do not mess up, and so you do a whole bunch of things so you do not mess up, and the emphasis is not on getting the job done. How much of that is culture, and how much can we fix here?

Mr. SIMPSON. Well, I think certainly there is definitely a cultural aspect to it, but until we set in place an environment where we expect people to do what is right and not have to cover yourself all the time—I assure you, a big part of that is contained in law and in regulation. The law is very prescriptive; you add regulation on top of it, and it becomes very cumbersome to administer.

Senator DEWINE. Well, the regulation is always going to be more prescriptive than the law. It is always just going to extrapolate from the law, and so you have to, obviously, change the law if you

are going to have any impact on the regulation. Go ahead. I interrupted you, I am sorry.

Mr. SIMPSON. We want to work with you to do that. As I said, we have been working hard to streamline the system. I am going to go on for a minute—it was an important topic we were talking about, no doubt about that—but we have worked on our own, regulations or not, to move forward to the point that Vice President Gore did recognize our streamlining efforts and rewarded us with the Hammer Award this past year for efforts that we have made, and we are very proud of that.

We really are listening when it comes to the emphasis that was placed in the 1992 Amendments, and we are paying attention; I guarantee you that we are. We have increased the number of individuals with disabilities going to work through State public vocational rehab systems each year since the passage of the 1992 Amendments. We are very proud of the fact that right now in 1997, we will increase the number over 1996, and the number of individuals with severe disabilities is some 77.6 percent of those persons who are entering the work force through public vocational rehabilitation programs. All of this has occurred with essentially level funding over the past 5 years.

I think we have done a tremendously good job, considering.

We have three bedrock issues as the foundation of the reauthorization of the Rehab Act that CSAVR thinks are extremely important.

First, we feel very strongly that there must be a 5-year reauthorization. A 5-year reauthorization will assure that our customers with disabilities and the general public realize that Congress has faith in the purpose and the direction of the program. In February of this past year, the Federal regulations implementing Title I of the 1992 Amendments were just developed. We need a 5-year period in which to fully implement those regulations which were just released in February.

The evaluation standards and performance indicators, which we as a council have urged the Congress to enact in the 1992 Amendments, have not yet been published, much less implemented. We have been working on those with RSA, but the program needs a 5-year period for these standards and indicators to be fully implemented so that Congress and the public can properly evaluate the performance of our program.

The second key factor is that the clear purpose and function of the vocational rehabilitation program should be to place individuals with disabilities in competitive employment in integrated settings, with earnings at or above minimum wage. That should be the clear focus of our program. People with disabilities want the same kind of jobs that you and I want. We want jobs where we can work side-by-side with all kinds of people, be they people with disabilities or people without disabilities. We want those options and choices. People with disabilities want jobs in which they are paid a living wage so that they can support themselves and their families. So the goal must remain competitive employment with earnings at or above the minimum wage.

Third, the law, the regulations, the system, as I mentioned before, has major impediments that really slow us down in terms of

implementing competitive employment outcomes with folks with disabilities. We have an agreement with the Rehab Services Administration to streamline the system. We hope that you will accelerate this streamlining initiative by helping us in the reauthorization clean out unnecessary State plan provisions. Help us clean up the IWRP—the Individualized Written Rehab Program.

We know that we can streamline that program; we need your help to do it. We do not need a 3-year strategic plan and a 3-year State plan. You ought to eliminate the strategic plan; it is unnecessary. The provisions in the State plan have multiplied over the years, but we have a number of provisions that we can point to which can be eliminated without negatively impacting on our customers. We really want to emphasize that.

As I said, the IWRP is burdened with excessive specificity; it slows down the process of providing services that lead to competitive employment, and again, we have identified changes that can be made there that I think the whole community can agree on that will not be painful in any shape, form or fashion.

We hope that you will be very cautious in your deliberations around the Rehabilitation Act. Look at the evidence. When you hear anecdotal stories around problems with informed choice, around appeals processes and so forth, listen to those anecdotal stories, and look at the data. See what is there. Look at the long-term longitudinal study that the Department of Education has contracted for which—you can read about it in my testimony—it is well-detailed, the fact that this very expensive longitudinal study points to a high level of satisfaction among consumers in informed choice, and in the level of satisfaction with their services, their vocational goal, and the kind of outcomes they have achieved.

I want to emphasize a couple of things real quickly. When you talk about informed choice, I think you need to talk about partnerships. You talk about a variety of different IWRP approaches, which perhaps could be very burdensome, in our opinion, as far as administering. But if you look at the key to a successful process that is simplified, it is a partnership between a qualified rehabilitation professional and a person with a disability who is trying to seek employment, and those folks working in partnership from the very beginning, from that process of assessment to continuing through eligibility, plan development, service delivery and job placement.

The key is that genuine partnership between that qualified rehabilitation professional and the person with the disability from the beginning of the process—those two people, working together. If that person needs only a minimal amount of intervention to get the services they need and enter the world of work, that is what they are going to get—very minimal intervention. Then the time would be available to really spend and focus on the counseling and guidance, the plan development and assistance, that those persons with severe disabilities need in order to enter the world of work.

I could go on, and I need to stop. But I really want to emphasize one thing, and that is the fact that those of us who are responsible for operating rehabilitation agencies throughout this country are the strongest advocates; we are really committed to positive, pro-

gressive change that will enable us to move this system forward in an effective way.

I owe my life to this program, frankly. I have been in a wheelchair since the age of 18, after an automobile accident. I had a very clear and possibly—it looked like a very appropriate vocational goal of a professional baseball player. After my auto accident, being in this chair, that was not going to happen. My mom and dad were told by well-meaning medical professionals that the best thing they could do was to keep me comfortable, and that I was likely to spend the rest of my life in a nursing home when I could not stay with them any longer. That was the advice that they were given.

I was very fortunate in another State during this time to run across a rehabilitation counselor who asked me: Do you want to go to work? I can help you go to work. He gave me hope; he gave me my life back. He gave me an opportunity by providing me with the confidence that I could work; he provided me with the funding to attend college, to get the necessary equipment that I needed—like an old, dilapidated electric wheelchair at that point in time. And since 1974, I have been working full-time with no gaps in between. I have repaid the cost of my rehabilitation in Federal, State and local tax dollars many, many, many thousands of times over, all because of a good, qualified rehabilitation counselor who knew I was capable of working and gave me the opportunity to do so.

I ask you to help us move forward in making the public vocational rehabilitation system the best work force education and training and placement program the world has ever seen.

Thank you for your time.

Senator DEWINE. Good. It was very strong testimony from not only this panel, but all the panelists. We appreciate it very much. Mr. Simpson, your testimony, obviously, was excellent, but your close was very strong. We congratulate you for that. It was, frankly, very moving testimony.

[The prepared statement of Mr. Simpson may be found in the appendix.]

Senator DEWINE. I want to return to a question that all of you have touched upon, and I think Mr. Simpson probably spent more time on, and that is the whole issue of empowering clients.

When the Congress went through reauthorization last time, that was clearly one of the goals. I get the impression from you, Mr. Simpson, that you think—particularly in your written testimony—that that is something that is occurring, that we are on track in regard to that. I would ask you, first of all, if my reading of your testimony is correct in regard to that, and then I would ask any of the other panelists if they would like to comment on that—the basic issue of the empowerment of the client, so that the client makes the informed choice and makes the decision about what she does or he does with their lives.

Traci Meece, who testified earlier, is probably a great example. She went in and told her counselor she wanted to be a photographer, and said that that was what she wanted to do. That choice prevailed, and she has been able to do that. Whether that would have occurred 20 years ago or not, I do not know, but clearly, that is what we are aiming for.

Mr. Simpson, do you want to start?

Mr. SIMPSON. Absolutely. An empowered individual with a disability is much more likely to go to work; there is no doubt about that, I have no question about that. And I do think that in our system as it exists now and as I feel like it can function most effectively in the future, as those of us continue to be accountable for the taxpayers' dollars, it is through an empowerment process that emphasizes that strong partnership between a rehabilitation counselor and the person with the disability—with the individual who has clearly, clearly identified what he or she wants to do and how she wants to get there—turn that person loose to go and do it. Our system exists right now where we can do that. In eligibility determination, we do not have to go through a lengthy assessment. Right now, we have the authority to use existing data and self-report.

Senator DEWINE. But your bottom line is that we are doing okay in that regard? We are moving forward.

Mr. SIMPSON. We are moving forward; we can always do better.

Senator DEWINE. All right.

Mr. SIMPSON. But the system is there if we are allowed to really implement it, to really move forward very effectively in a system that empowers people and allows them to make informed choices in a partnership on and on and on.

Senator DEWINE. The current system allows that?

Mr. SIMPSON. Yes, sir.

Senator DEWINE. OK.

Mr. SIMPSON. It certainly does—it can. The regulations make it a little more difficult at times.

Senator DEWINE. OK. What we want to do, though, is make sure that we understand what regulations you are talking about and what we need to do in this committee to change that.

Mr. SIMPSON. We will assist with that, certainly, sir.

Senator DEWINE. OK. We appreciate that.

Mr. Marchand, any other panelists who want to comment on that question.

Mr. MARCHAND. Consumer empowerment ought to be maximized, and the system ought to accommodate that, so long as the consumer is protected. By the nature of the variety of disabilities, there are going to be some individuals with disabilities who are going to be very well-positioned to take total control—literally total control—of what they belie they need, and the system ought to accommodate that to the best that it is possible.

On the other hand, there are going to be, on the basis of their disabilities, some individuals who may have extremely unrealistic expectations of the kinds of jobs that they might be able to get. Others will simply not be capable of making those choices for themselves entirely, and they will need assistance from others. We have got to be careful as we structure the empowerment that we maximize it to the extent that it is appropriate for those individuals—and in no way am I intending to say here that people are not capable, but there will be people who will be needing assistance, there will be people who will need advocacy, and within that empowerment system, we need to make sure that the system continues to be accountable and that the appropriate protections are in place.

Senator DEWINE. Any other comments on how we are doing?
[No response.]
Senator DEWINE. Let me, if I could, Mr. Taksar, turn to you and ask you a question based on your written testimony, and you covered it certainly in part in your oral testimony. You say, "My mother took me to the Department of Rehabilitation Services in Falls Church, VA, for a vocational evaluation. After the evaluation, my DRS counselor provided training for me to improve my interviewing skills, to complete job applications, and to use the computer for job search information."

Then you talk about being hired as a supply clerk on a Government contract in 1992. "The job got off to a rocky start, as I was afraid and did not want to leave the back room of the store. With a lot of support from my FOU supervisor and counselor, I overcame this and was able to learn valuable skills that helped me succeed on the job."

Do you want to just tell us a little bit more about what the FOU supervisor and counselor did and how that worked, and maybe what we can learn from that?

Mr. TAKSAR. Well, I was really intimidated by a couple of guys, as small as I am, and they were pretty big.

Senator DEWINE. I can relate to that. [Laughter.]

Mr. TAKSAR. So, to get back to your question—can you repeat that question—I lost the train of thought.

Senator DEWINE. Absolutely. You talked about the intimidation and the problem that you were having, and basically, in your written testimony, you say your FOU supervisor and counselor helped you overcome this. My question is what kind of help did you get, and how did that work.

Mr. TAKSAR. Right. OK. The help that I got was that they encouraged me to get out from the back room—just do not be afraid—and then they started talking to me and giving me skills to learn how to deal with this little fear. I was afraid. I had never been downtown before. Like I said, a few guys, I was really intimidated by them, but once I got to know them, and once my counselor and my supervisor taught me the skills how to just face it—they would tell me to stick up for myself, you know.

Senator DEWINE. Basically, follow-up on the job and deal with whatever issues you had to deal with in there.

Mr. TAKSAR. Right. Yes, sir, right, that is exactly what it was. And they were a big support and a big help. As a matter of fact, I remember quite well that I used to talk back to them, and I started defending myself, and they never messed with me again. [Laughter.]

Senator DEWINE. Good.

Senator Warner?

Senator WARNER. Well, thank you, Mr. Chairman.

It has really been a humble privilege for those of us here in the Senate to witness the testimony today. I apologize that I have not been here for all of it, but I would have to say that I was very struck with the testimony of two panelists seated right behind Ms. Samuelson—I believe it was Mr. Johnson and Ms. Traci Meece.

I would think, Ms. Samuelson, that you might start a special category of persons who could come and train witnesses for the U.S.

Senate. Both of them exhibited remarkable capacity to testify—and I say this with seriousness—in a very human way to communicate their knowledge to those of us sitting up here on this dais. And, thanks to Virginia, I have been privileged to sit up here for 18 years, so I think I can speak with some modest experience in listening to witnesses. It was excellent—the means of communication.

And Ms. Samuelson, we are proud to have you as our constituent in Virginia and of what you have done, and I am wondering if I could ask a question which is always dangerous to probe around in, but I have been on Planet Earth a little longer than most in this room, and it has been my experience in working with persons who have some handicap—two things. Very often, while they may be handicapped in one area, their strengths in another are accentuated and are a multiple of the strengths in a person that, should we say, has all qualities even. Have you found that to be present, Ms. Samuelson, in your work?

Ms. SAMUELSON. I think we all compensate for our deficits in one way or another.

Senator WARNER. I think you have expressed it perhaps better than I.

Ms. SAMUELSON. Really, I think that is what the public VR program is all about, that is, helping people identify what their strengths are that they can build on to become employed and using the tools that are available to find work.

Senator WARNER. That was my next question. Now, of course, you recognize this, but is there anything—there is nothing in the way of legislation that can help foster the efforts in that area, is there? We cannot write it in——

Ms. SAMUELSON. No. I think the kinds of things that you are talking about in streamlining service plans, so that people really are more in control of directing their own employment outcomes, is the most important thing that you can do in this reauthorization.

Senator WARNER. Well, certainly one of those characteristics that I have discerned through the years is motivation. It is extraordinary, the amount of motivation that people who have some measure of these problems have in doing well and in being successful.

So I am happy, Mr. Chairman, to be a part of the panel, and to have been here today to listen to this testimony.

Thank you.

Senator DEWINE. Let me thank Senator Warner for those comments.

I have one additional question for Ms. Samuelson.

You testified that in very eloquent fashion that the vocational rehabilitation programs are "overregulated," and we have talked, I think, extensively about that. Then you said that they had become a "bit player" in many community rehabilitation programs. I wonder if you could elaborate on that?

Ms. SAMUELSON. In our program, I said that 20 percent of our revenue is earned through public rehabilitation contracts; about 10 percent of that comes from the public vocational rehabilitation program. And I do not mean to at all imply that those are not important funds—they are very important funds because, again, I think it is the primary enabling legislation for people with disabilities in terms of jobs.

When you talk about linkages with other programs, though, I think there is a lot that should be done in looking at linkages with Medicaid, which has become an increasingly important funder of long-term employment supports. Those kinds of things have to all work together. I think community rehab programs are really masters at looking to all of the different places that we can find support services in order to provide what people need, and the streamlining of the Act, as I have said earlier, is an important part of that.

I do not think that I would expect—or anybody expects—that there are going to be the kinds of allocations that can meet everybody's needs, but you can help us by making sure that we have funds available, that things are well-coordinated with the other legislation that is there; that some of the disincentives in health care go away, and that the resources that are available can be devoted to services rather than to process.

Senator DEWINE. Let me thank all the panel members.

Senator Warner, do you have anything else?

Senator WARNER. Nothing further.

Senator DEWINE. We will conclude this hearing. I think the panelists have been very, very helpful to this committee, and I would again say to this panel as I have said to the other panels that if you have specific ideas and suggestions, please contact our staff. It has been mentioned several times here that we have staff that have devoted many years to this and who know a great deal about this and the history, and I would appreciate it if you could contact them.

We will have a field hearing in Columbus, OH, on the 21st of this month, which will be one additional hearing that we will have to gather additional information.

Without objection, Senator Dodd has asked that his prepared statement be included in the record.

[The prepared statement of Senator Dodd follows:]

PREPARED STATEMENT OF SENATOR DODD

Mr. Chairman, I am grateful to you for holding hearings on this very important legislation, the Vocational Rehabilitation Act.

For almost 80 years now, the rehabilitation program has assisted over 9 million individuals with disabilities become self-sufficient, gainfully employed, and integrated into society. The legislation also makes sound fiscal sense for our nation as it reduces individual reliance upon entitlement programs and increases our nation's tax base by including those with disabilities in the workforce. Within two to four years of completing training, those who go to work pay back to the state and federal governments in taxes the cost of their rehabilitation services. Employers also benefit from this program which develops qualified, skilled employees who rate above average in areas such as reliability, safety, and performance. And an overwhelming number of consumers give the program very high marks.

Mr. Chairman, since its creation, this legislation has enjoyed broad bipartisan support and I hope that this year will be no exception. While there may be ways of fine tuning the system to meet today's demands, it is clear that we do not need to start from scratch.

However, there are ways that I believe we can strengthen and improve this legislation. I recently introduced legislation that would promote equality, independence, and dignity for persons with disabilities in the federal workforce. "The federal electronic and information technology accessibility compliance act of 1997" seeks to allow the roughly 145,000 federal workers with disabilities the opportunity to participate in the social and economic mileau of American life.

This legislation would allow the federal government to take the lead in providing critical access to information technology to all federal employees with disabilities in this country. It strengthens the federal requirement that electronic and information technology purchased by federal agencies be accessible to their employees with disabilities. Additionally, it would require states receiving federal funds for disability programs to meet accessibility guidelines when they purchase such technology. I believe these new efforts will spillover into the private sector, encouraging private employers to do the same.

Although Section 508 of the Rehabilitation Act currently requires agencies to purchase information technology that is accessible to people with disabilities, there is no enforcement mechanism which assures that this is done. As a result, many agencies fail to consider this requirement or implement it in a haphazard fashion. This leaves employees with disabilities without access to much needed information and technology. Without such access, there is little opportunity for them to participate in the American workforce.

Electronic and information technology accessibility is essential for federal employees to maintain a meaningful employment experience, as well as to meet their full potential. We live in a world where information and technology are synonymous with professional advancement. Increasingly, essential job functions have come to involve the use of technology, and where it is inaccessible, job opportunities that others take for granted are foreclosed to people with disabilities.

There are approximately 145,000 federal employees who, despite government downsizing, have maintained their overall participation in the federal workforce. Roughly 61 percent of these employees hold permanent positions in professional, administrative, or technical occupations. Nationally, there are 49 million Americans who have disabilities, nearly half of them have a severe disability. Yet most mass market information technology is designed without consideration for their needs.

Mr. Chairman, here are some concrete examples of how information technology can reduce roadblocks for people with disabilities:

Telephones and fax machines can have voice features making them accessible to a blind or visually impaired employee.

Cd-rom or network-based multimedia information systems can be equipped with audio descriptions of the visual elements in order for blind and visually impaired individuals to control and navigate the system.

Standard keyboards are now available with keyguards that stabilize movements and help ensure that correct keys are depressed

enabling those with motor-disabilities to engage in productive work.

Information kiosks can be made accessible to those with mobility issues and for blind and visually impaired employees.

And, voice mail can be converted for use by the hearing impaired.

This legislation would encourage agencies to look carefully at these technologies before purchase. And for the first time, agencies would be accountable should such technology be inaccessible.

It is critical, Mr. Chairman, that given the rapid introduction of these new technologies products, persons with disabilities not be allowed to fall behind. The federal government must be an equal opportunity employer, and this equal opportunity must apply fully to individuals with special needs.

Mr. Chairman, I know personally how important assistive technology is. I have a sister who is legally blind, and a good friend, Bill Paul, Chairman of United Technologies, who uses assistive technology software to enlarge the print on his computer screen and read what is on the screen.

There once existed physical barriers to the mobility of persons with disabilities. Such barriers were removed because we realized that individuals with disabilities must be given the opportunity to move freely in our larger society. Information and technology are the barriers of the 1990s and beyond. And so too must they be broken down.

Mr. Chairman, the rehabilitation act is vitally important to millions of Americans. I look forward to today's hearing and moving quickly on reauthorization.

Senator DEWINE. Again, I thank the members of the panel. Thank you very much.

[The appendix follows.]

APPENDIX

PREPARED STATEMENT OF JUDITH E. HEUMANN

Chairman DeWine and members of the Subcommittee, thank you very much for inviting me to discuss the Rehabilitation Act, which plays an essential role in empowering people with disabilities to contribute to American society. The current reauthorization process provides an opportunity for all of us to work together to promote the goals the President has identified for all disability programs and policies inclusion, not exclusion; independence, not dependence; and empowerment, not paternalism. Today we are closer to achieving these goals than ever before, in part because of the bipartisan support the reauthorization of the Rehabilitation Act has enjoyed over the years. I hope we can all work together on this reauthorization and benefit from the kind of cooperation that helped make the recent reauthorization of the Individuals with Disabilities Education Act such a successful effort.

Helping disabled people to live independently and become meaningfully employed is not just the right thing to do. It is a necessary thing to do. As President Clinton has said, our nation cannot afford to waste the talents, skills and wisdom of a single individual.

Those of us involved in the efforts to bring top-quality services to people with disabilities have to look beyond politics to our common goal. That goal is to create policies, programs, and institutions that facilitate the ability of all Americans to lead independent, productive lives and to contribute to American society.

Serving disabled people according to their individual needs and interests

The Rehabilitation Services Administration (RSA) in the Office of Special Education and Rehabilitative Services assists States and other providers to supply disabled people with the services they need to achieve their employment and independent living goals. The State Vocational Rehabilitation Services Program provides $2.2 billion in formula grant assistance to States to help individuals with disabilities prepare for and engage in gainful employment. Vocational rehabilitation services may include job training and placement, job development,counseling and guidance, assistive technology, personal assistance services, interpreter services, reader services, orientation and mobility services, supported employment services, and school-to-work transition services.

The heart and soul of the program is to provide services that meet the aspirations, needs, abilities, and priorities of each individual, consistent with the individual's informed choice. A VR counselor and an individual with a disability work together as partners to develop a rehabilitation program that matches the person's strengths and interests to employment opportunities.

Since established by the Smith-Fess Act 75 years ago, State Vocational Rehabilitation programs (now authorized by the Rehabilitation Act of 1973, as amended) have served some nine million individuals. At present,' there are more than one million eligible individuals, 76 percent of whom have significant disabilities, in the system of State VR agencies. In fiscal year 1996, 213,500 of the approximately 351,500 individuals who exited the VR program after receiving services achieved an employment outcome.

Promoting economic independence

As a group, persons who achieve an employment outcome as a result of vocational rehabilitation services each year show notable gains in their economic status. In fiscal year 1996, 87 percent of the 213,500 individuals who achieved an employment outcome entered the competitive labor market or became self-employed.

The percentage of individuals who reported that their own income was their primary source of support, (as opposed to financial support from family and friends, public assistance, worker's compensation, or social security benefits) increased from 18 percent at the time of application to 71 percent at the time of exit from the program; the percentage of individuals with earned income of any kind increased from 22 percent at application to 93 percent at program exit; those who could work full-time, defined as 35 hours a week or more, rose from 10 percent at application to 60 percent at program exit; and the number of individuals working at or above the Federal minimum wage rate increased from 18 percent at application to 86 percent at closure.

1992 Amendments

The Rehabilitation Act Amendments of 1992 have had a significant effect on the State VR Services Program. The Amendments modified the eligibility criteria to ensure that individuals with significant disabilities were not kept out of the VR system because of the severity of their disability.

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As a result, there has been a dramatic decrease in the number of persons who are determined ineligible for services. In 1992, one applicant in 16 was determined ineligible because the individual's disability was too severe, but by 1996, only one in 50 individuals was determined ineligible for this reason.

There has also been a large increase in the total number of eligible individuals in the VR system. In 1992, there were 949,000 eligible individuals in the VR system, while 1996 data show about 1,225,156 individuals in the system—a 29 percent increase over a four-year period.

Consequently, many State VR agencies are unable to meet the current demand for services, and the number of agencies that cannot serve all eligible individuals has increased since FY 1992. If a State agency cannot serve all eligible individuals, the Rehabilitation Act—under the "order of selection" provision—requires the agency to first serve individuals with the most severe disabilities. In FY 1992, 26 of 81 State VR agencies, or 32 percent were operating under an order of selection. By the beginning of FY 1997, 38 of the 82 State VR agencies, or 46 percent, were operating under an order of selection.

Despite these challenges, State VR agencies have been successful in increasing the numbers of individuals achieving an employment outcome. In 1996, 213,520 individuals achieved an employment outcome, an increase of 11 percent from 1992.

Goals for reauthorization

Today, despite great gains made under the Rehabilitation Act, and despite our economy's clear need to make use of the skills and talents of all individuals, nearly half of working-age persons with disabilities are unemployed.

We know that there are still many barriers that must be removed before all disabled individuals can enter or stay in the workforce. These barriers include disincentives in health care and economic assistance programs, lack of transportation, and employer and individual attitudes regarding the employability of individuals with disabilities.

We recognize that vocational rehabilitation is only part of the solution to the unemployment of individuals with disabilities, and we are pursuing other options to maximize return-to-work opportunities. For example, the Social Security Administration has recently transmitted its Ticket to Independence proposal, which would authorize a new public-private partnership to assist individuals who receive Social Security benefits on the basis of disability to return to work. We look forward to working with the Social Security Administration to implement this proposal, if enacted.

We must continue to explore ways to address the broad range of factors contributing to the high unemployment of individuals with disabilities. I am convinced that by working together, the Administration, Congress, individuals with disabilities and their advocates, service providers, and employers can turn the wasted talents of millions of disabled people into an important resource for securing our nation's future.

In preparing for reauthorization of the Rehabilitation Act, the Office of Special Education and Rehabilitative Services has held forums at which groups and individuals with an interest in the Rehabilitation Act had opportunities to share their ideas about ways to improve the Act. These groups included State VR agencies, community based service providers, consumer and advocacy organizations, parents, employers, and individuals with disabilities. The public input we received has been valuable in developing our recommendations for reauthorization.

I believe that any discussion on the future of the Rehabilitation Act and America's disability employment policies must focus on the following goals. In discussing these goals, I will describe a number of specific recommendations for changes and I will discuss how proposals in S. 143, the Workforce Development Act of 1995, and H.R. 1385, the Employment, Training, and Literacy Enhancement Act of 1997, which was passed by the House in May, 1997 address these goals.

First, we should maintain and strengthen the Act's emphasis on serving individuals with the most significant disabilities. Rehabilitation services may be useful to all individuals with disabilities, but they are absolutely vital to individuals with the most significant disabilities. We should do nothing to weaken the Act's current direction, which places priority on serving populations that have historically been unserved or under served. Without VR services, people with the most significant disabilities are the least likely to gain employment.

We must recognize that, given limited resources, the VR system will not be able to accommodate all individuals who require services in order to attain their employment goals. We should work to improve cooperation and coordination between State VR programs and other employment and training programs to increase the capacity of the State's overall employment system to serve all individuals with disabilities. We believe that language in S. 143 regarding establishing appropriate linkages be-

tween the State VR agency and generic workforce development programs would promote this goal.

Second, we must continue to enhance consumer choice and consumer protections. The 1992 Amendments set forth the policy that individuals with disabilities be active participants in their own rehabilitation programs. Congress believed that individuals with disabilities must have the right to make informed choices about their vocational goals, the services that will enable them to reach those goals, and the providers of those services.

In order to develop new methods of promoting consumer choice in the rehabilitation process, RSA funded seven demonstration projects. These projects have developed a variety of innovative methods for expanding consumer choice in the rehabilitation process. For example, one project encourages consumers to form a team, comprised of members of his or her personal support network—their counselor, family members, friends, and helping professionals. Directed by the consumer, the team provides help in self-assessment, problem-solving, advocacy, and resource expansion leading to an employment goal.

Aside from funding the demonstration projects, RSA is working across the country to help State VR agencies increase opportunities for consumers to make effective choices. For example: several States are finding their own pilot projects related to choice (Michigan, Colorado, Maryland, Washington, South Dakota, and the Oregon Agency for the Blind); several States are training counselors in negotiation and mediation skills and consumers in empowerment (Colorado, Minnesota, Rhode Island, Ohio, Michigan, New Mexico Agency for the Blind, Washington Agency for the Blind, and Alaska); and several States are developing resource manuals and automated career information systems (Oregon, Idaho (General and Blind agencies), Delaware Agency for the Blind, Arkansas Agency for the Blind, Iowa and Alaska).

I believe that these efforts must be continued and expanded. In our deliberations about reauthorization, we must continue to reach toward the ideal of guaranteeing that people with disabilities are active participants in the rehabilitation process. We support the new language in H.R. 1385 that provides for informed choice throughout the rehabilitation process. This amendment makes it clear that consumers have the right to choice in regard to the selection of their employment goal, the services needed to reach their goal, the providers of such services, and the methods to be used to procure the services and provides a clear framework of how choice is to be provided.

Similarly, we support the language in H.R. 1385 that provides for an Individualized Employment Plan. This amendment would improve upon the current requirements for an Individualized Written Rehabilitation Plan by streamlining them and giving consumers who want to take responsibility for developing their plan the option of doing so.

To enhance consumer protections under the Act, we would like to work with you to improve the process under the Act for resolving consumer complaints about services provided by State VR agencies.

Third, we must promote high-quality employment outcomes. In an effort to assist States in improving employment outcomes, RSA has shifted the focus of its monitoring system from a compliance-based approach to an outcome-based approach that emphasizes how well State VR agencies are fulfilling the purposes of the Act—assisting individuals with disabilities to move into meaningful employment. RSA is also developing performance measures for States to ensure accountability for client outcomes and to encourage continuous program improvement.

RSA is also expanding its efforts in providing technical assistance to State VR agencies focused on quality employment outcomes. In 1996, RSA sponsored a national conference on effective employment strategies for individuals with disabilities and follow-up activities are underway in all regions of the country. Another conference is planned for the summer of 1998. State VR agency staff must have the necessary skills and training to meet the complex employment needs of individuals with significant disabilities. The system must encourage high quality placement for its customers and discourage rehabilitation counselors from seeking low-quality quick placements. We do not want to place such a premium on numbers that counselors are driven to avoid seeking challenging employment outcomes for their customers that may require a greater investment of time and resources. We want people to find jobs, but beyond this, we want people to find jobs that they find satisfying and allow them to become self-supporting.The 1992 Amendments describe this concept in terms of employment outcomes that are consistent with an individual's "strengths, resources, priorities, concerns, abilities, and capabilities." In other words, jobs that people want and value.

In this regard, we recommend that the State plan for the State VR Services Program be recast to focus on improving performance of States in achieving high-qual-

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ity outcomes. We suggest that the plan be required to include State-identified goals based on Statewide studies of the needs of individuals with disabilities and an assessment of their performance and that it describe State strategies for achieving those goals.

Fourth, we must increase employer involvement. In the 4 years I've served as Assistant Secretary, RSA Commissioner Frederic Schroeder and I have spoken with many employers across the nation. OSERS has conducted a series of focus groups with employers to solicit their perspectives on the employment of people with disabilities, including attitudes toward hiring and promotion, employer needs, and business incentives. Employers participating in these focus groups were very appreciative of our efforts to bring them into the national discussion and listen to their views and concerns. They identified a number of key issues such as access to qualified applicants, support systems and placement follow up, training and placement issues, and the cost of accommodations. However, the common theme running through all of the discussions was the need for service providers to take the time to know the employers—to understand their businesses, and to learn what jobs are out there and what skills they require.

Our discussions with employers have taught us that employers must be active partners in efforts to increase the employment of people with disabilities. We must work together to develop employer incentives to keep disabled employees in the workforce.

Fifth, we must continue our efforts to streamline the rehabilitation process. I firmly believe that a major component of efforts to ensure high quality services must be the elimination of unnecessary policies and paperwork for federal programs, and the simplification of procedures so that State VR agencies can focus on their main mission—serving individuals with disabilities.

In a collaborative effort to reduce uunecessary non-statutory requirements that can impede the rehabilitation process, the Rehabilitation Services Administration entered into an agreement with the Council of State Administrators of Vocational Rehabilitation (CSAVR) to streamline our nation's vocational rehabilitation service delivery system.

RSA and State VR agencies are working together to identify unnecessary paperwork, rules and reports and to identify for possible elimination State-imposed requirements that are not mandated by Federal law and regulations. We believe that by streamlining the rehabilitation process we can address much of the frustration that consumers have experienced and ensure that the system continues to respond to the demands for increased efficiency and partnership with consumers entering the VR system.

In this regard, we would support changes to further streamline the eligibility determination process. Specifically, we propose that recipients of disability benefits under Titles II and XVI of the Social Security Act be presumed to be eligible for VR services. This presumption acknowledges that these individuals have already been determined to be disabled or blind by another Federal agency and to have a work-related impairment.

We would also support changes to streamline the VR State Plan process to reduce paperwork burden on State VR agencies. S. 143 takes a step in the right direction, but we recommend further changes along these lines. We would propose to consolidate and simplify a number of overlapping and confusing provisions that are scattered through the Act and to eliminate unnecessary paperwork and burden imposed on State agencies. For example, we recommend that planning for in-service training be made an integral component of the State plan and that the funding for such training be provided as part of each State's basic grant rather than through a separate categorical competitive grants program.

Sixth, we must attempt to create a system that full meets the independent living needs of individuals with disabilities. In addition to its efforts to promote the employment of individuals with disabilities, RSA supports several programs that address the independent living needs of individuals with significant disabilities. The largest of these, the Centers for Independent Living program, supports approximately 240 centers that are designed and operated within local communities by individuals with disabilities and that provide a broad range of independent living services to individuals with significant disabilities. In 1995, Federally supported centers for independent living provided services to approximately 136,000 individuals across the country.

We must strengthen our commitment to these local and State efforts to promote the independence and empowerment of individuals with significant disabilities, and ensure that our efforts to promote employment proceed in tandem with these activities.

Finally, in building a truly inclusive society, we must utilize rehabilitation research to identify effective strategies and practices that can enhance the economic and social self-sufficiency of individuals with disabilities. The National Institute on Disability and Rehabilitation Research (NIDRR), funded under Title II of the Rehabilitation Act, brings a comprehensive view and an intensity of focus on applied research that enables persons with disabilities to function better at work, in the family, and in society. NIDRR funds are used to support rehabilitation research, demonstration projects, and related activities, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. In addition, NIDRR supports projects to disseminate and promote the use of information concerning developments in innovative rehabilitation interventions, strategies, and assistive technology devices; and data analyses on demographics of disability.

The Adaptive Parenting Equipment: IdeaBook 1 was developed with support from NIDRR at Through the Looking Glass, a Rehabilitation and Training Center in Berkeley, California. The publication describes equipment such as lifting harnesses and baby bathing carts that can help disabled mothers and fathers of small children practice successful parenting.

Most of the built-in features that allow disabled individuals to use the Microsoft Corporation's Windows 95 computer program were the result of research and development conducted by one of the Rehabilitation Engineering Research Centers supported by NIDRR.

Research supported by NIDRR and carried out at Smith-Kettlewell Eye Research Institute led to Talking Signs, transmitters in public places that can broadcast to receivers carried by blind persons information written on office doors, building entrances, bus stops, etc.

Furthermore, NIDRR coordinates technical assistance, training and materials development projects which help businesses, local governments and others comply with the Americans with Disabilities Act.

For the past two years, NIDRR has been involved in a comprehensive effort to ensure the relevance of its research to improving employment outcomes for individuals with disabilities and plans to restructure its employment-related research to include, for example, studies of the employment of individuals with disabilities in the context of the broader economy and incentives in the income support and health insurance programs.

We believe that Title II of the Rehabilitation Act provides an appropriate statutory framework for carrying out a comprehensive and relevant program of research and therefore, we are not recommending any amendments to NIDRR's authority. At the same time, we do suggest that the companion authorities in Title III that are administered by the Rehabilitation Services Administration to carry out activities to improve practice be modified to allow RSA to support a broader range of activities. In addition to funding—demonstrations that provide direct services to individuals, RSA should have the authority to carry out other replication, dissemination, and utilization projects and activities directed at State systemic change.

Common Goals

Mr. Chairman and members of the subcommittee, thank you again for allowing me to share some of the Administration's ideas on the Rehabilitation Act.

As I said earlier, the goals of the Rehabilitation Act transcend politics. I think we can agree that our goal in the reauthorization of the Act must be nothing less than the creation of a guarantee of excellence—excellence in the quality and scope of services, and excellence in outcomes. We envision a system that focuses resources on the greatest needs and promotes accountability for consumer outcomes while supporting continuous program improvements. We also envision a system that is driven by the informed choices of its consumers, includes partnerships with employers and other employment and training programs, strengthens the rehabilitation process, utilizes research and technology to improve services, and, most importantly, results in the movement of individuals into high-quality jobs and independent living in the community. Although we have made considerable progress towards this ideal, we have not yet fully achieved it.

We are eager to work with you to make this ideal a reality. Our challenge is clear: we must work to protect, strengthen, and update the Rehabilitation Act to guarantee that people with disabilities lead productive lives and contribute to our society to the best of their ability.

I look forward to working with you to meet this challenge.

PREPARED STATEMENT OF ERIC PARKS

Mr. Chairman and distinguished members of the Senate Subcommittee on Employment and Training, it is a privilege to have the opportunity to talk with you about vocational rehabilitation and the reauthorization of the Rehabilitation Act.

In 1966, I first encountered the vocational rehabilitation (VR) system as a high school Junior, when I attended a weekend experience designed to determine what I would be when I grew up. Little did I imagine that 30 years later I would be testifying before you, as the chair of the Ohio Rehabilitation Services Commission, about how we can continue to improve this vital Jobs program.

Five years later, with help from the VR program in the form of tuition assistance, books, reader services and recording equipment—and with the encouragement of Norm Young and Jim Babb, my counselors—I graduated from Mt. Union College in Alliance, Ohio, with a bachelor of arts degree and a double major in history and physical education. The playing field had been leveled and I was set to take my first teaching Job as an American government teacher and track coach.

That was my last exposure to the VR system for 15 years. Because I was "Jump started," I went on to teach and coach for two years, receive a master's degree in counseling from Miami University in Oxford, Ohio, and work for six years in higher education at Michigan State University and Ohio Dominican College. Over the past 16 years, I have been employed in the public sector, government affairs and politics. For the past six years, I have worked as a public affairs consultant for a variety of local, regional and national clients.

My next encounter with the VR system was in the mid- 1980s, when I served on a number of community boards which did business with the Ohio Rehabilitation Services Commission (RSC). By 1990, I was involved with a half-dozen community organizations that dealt with people with disabilities. I became most concerned about the recently-imposed policy known as the order of selection—a federally-mandated approach to prioritization that I personally feel is the most distasteful policy dreamed up during the 75-year history of the VR system. The pitting of one individual and one group against the other in a "my disability is worse" attitude causes us to lose the focus of the program and spend our time and energy squabbling over the limited resources. Exactly that had happened in Ohio and I became an outspoken critic of the Ohio Rehabilitation Services Commission because in each successive year from 1986 to 1991, fewer people with disabilities were served and fewer were put to work.

I believe that there are other ways to prioritize, stretch resources and be innovative without an order of selection—or without taking people to the top of the mountain and leaving them there as the ancient Greeks did. It is incumbent on the VR program to assure competitive employment for people who are severely disabled; however, we must find a different and better way to prioritize and distribute resources. That is possible despite the order of selection, and we have managed to do so in Ohio.

Shortly after Governor Voinovich took office, he named me to the Ohio Rehabilitation Services Commission, with the basic message that it was time to put my words into actions. In Ohio, a seven-member commission, appointed by the governor, has the full fiduciary responsibility for RSC's fiscal and policy Issues. This is unlike any other state. A majority of commissioners must have a disability (currently, five do) and at least three must have received VR services (four have). I tell you this because during the past six years, the commission has very directly changed the philosophical approach to the way we do business, with dramatic results.

In 1991, RSC put approximately 2,900 people with severe disabilities to work. In 1997, three-quarters of the way through the year, we are on target to close more than 5,800 individuals with severe disabilities into competitive employment. From 1991 to the present, we have doubled the number of people with severe disabilities who have gone to work, even though our budget has grown by only 50 percent and we employ fewer people today than in June 1991. We are working harder and smarter—for people with disabilities and the taxpayers.

How did we accomplish this? We changed our philosophy from trying to be all things to all people who had a need, to putting people with disabilities to work. We leveled the playing field so that they could get that first job or keep their current one. We also took a hard line on being sure that we could count, because we understood what counts. Accountability for the taxpayers money and the mission of the agency—which is to help people with disabilities achieve independence through employment—became our focus.

Archimedes said, "Man is identified by his work." When we are in a social setting, early in the conversation someone will always ask, "What do you do?" We never reply with recreation or family or community activities—we always answer with our

work because it is our identity, it gives meaning to our lives. Only through employment can we achieve self-sufficiency.

In early 1983, the candidate who subsequently became mayor of Columbus received a phone call from a former governor. The essence of the advice in that phone call was, "In this campaign, you need to understand that there are three issues. They are jobs, jobs, jobs."

I submit to you that the former governor of Ohio also understood the three most Important issues regarding reauthorization of the Rehabilitation Act in 1997. The Issues are Jobs . . . more Jobs . . . better jobs.

Partnerships

In our efforts to maximize all available resources, we have come to understand the extraordinary value of partnerships. At least three programs developed in the '90s have received national recognition as being exemplary:

Project BO$$, which works with consumers to develop self-employment, is a program in conjunction with State Savings Bank, three community colleges and the Ohio Rehabilitation Services Commission.

Ladders to Success, a PWI, is a project with the hospitality industry to develop training and Job opportunities for people with disabilities.

The Governor's Initiative on Jobs for People with Disabilities provides gap financing for fixed assets with business, in exchange for job slots for RSC consumers.

Another innovative program that we call Pathways to Success partners with 21 counties; 7 mental retardation/developmental disabilities boards; 14 alcohol, drug addiction and mental health boards; and 12 community rehabilitation programs to provide matching funds, services and case management for more than 6,000 Ohioans with disabilities.

In addition, $42 million are spent in 180 community-based non-profit rehabilitation programs throughout Ohio. RSC has also established working relations with the Ohio Department of Human Services, the Ohio Department of Mental Retardation and Developmental Disabilities, the Ohio Department of Mental Health, the Ohio Bureau of Employment Services, the Ohio Bureau of Workers' Compensation, the Ohio Department of Youth Services, the Ohio Department of Alcohol and Drug Addiction Services, and others.

I have undoubtedly failed to mention one or more of our critical partners. However, I believe the point is made that as we have widened our circle of friends, we have also dramatically expanded our success in providing Job services to people with disabilities. It is no coincidence that Ohio now ranks second in the nation with a 98 percent closure rate for individuals with severe disabilities.

The IWRP

Some matters still remain to be resolved. As we address these questions of "administrivia," the standard against which each decision should be measured is, "How will this change better help this critical federal/state partnership put someone to work in the most effective manner?"

I have been asked by staff to address several of these "administrivia" areas. In the next few paragraphs, I will attempt to apply this standard to each area.

In these days of devolution, decentralization and downsizing, it is tempting to go after reform with a meat ax. Instead, we must approach the streamlining with a scalpel that will eliminate excessive process, focus on jobs and assure quality to the consumer and the taxpayer. In Ohio, we most often call this "more jobs, better jobs."

The first concern is the Individualized Written Rehabilitation Program (IWRP). I believe that there would be virtually unanimous agreement that the current IWRP is a very cumbersome process that clearly requires the application of our scalpel.

One idea that has been put forward is the consumer who knows what he/she wants and only requires one service. There could be no IWRP and the consumer or vendor could be given the funds for that service. The consumer could report back the success in obtaining a job.

This could seem to be a voucher system with no spending caps. The major question is, "Is it good public policy to have no accountability or responsibility for the taxpayers' money?" The current process of counselor and consumer involvement does result in a consumer receiving services if the person has a clear understanding of the services required. The present law has resulted in most people requiring multiple services.

The fiscal ramifications of any "voucher" system should be considered. During the actual delivery of case services, a counselor often must reduce the amount of money originally authorized for the purchase of goods or services needed by a consumer. This is the direct result of the counselor's fiduciary responsibility to pursue other resources which can be used, in whole or In part, to offset VR's cost. This frees up VR dollars which are then used to serve additional people. Examples of this can be

seen when a counselor negotiates with insurance companies to assure that the VR dollar is the last one used to pay for medical equipment, pursues other educational grants on behalf of a consumer to cover the cost of tuition or collaborates with other agencies to share the cost of services needed by a consumer. During the course of a year, RSC recycles millions of dollars through our counselors' diligent efforts in pursuing alternative resources.

Streamlining the IWRP process as in H.R. 1385 would also improve the timelines and reduce "administrivia" in the process without eliminating the essential interaction between the counselor and the consumer. This is not a one-way street and should not be treated as such. The consumer may know what he/she wants, but having a conversation about these wants may give the person the opportunity to explore other potential questions.

The IWRP process could include an expedited IWRP that might include a discussion between the consumer and the counselor, with the explicit goal of writing the IWRP in a single meeting. If this could be accomplished, the mandated Items on the IWRP could be waived by the consumer and the counselor. The expedited IWRP must contain mutually-agreed-upon employment goals, services and service delivery. The consumer could appeal if he/she were not in agreement with the outcome.

Will the standard of producing Jobs in an accountable fashion hold up with H.R. 1385 and the expedited IWR? It should provide greater opportunity for informed choice, while assuring a Job goal and cost-effective services. It eliminates much of the unwieldiness of process, permits the consumer to bring to the table his/her specific needs and allows the counselor to assure that all options are explored.

More "Administrivia"

Next, we have the 1.5 percent requirement for strategic planning. In Ohio, this currently amounts to $1.8 million. We are presently required to submit a Strategic Plan, a Three-Year State Plan, a One-Year Update to the Three-Year State Plan, the Independent Plan and a "Plan to Plan." This requirement adds significantly to our costs and sops up many dollars that could otherwise be used for case services. Should we be required to tell our federal partner how we are going to spend the money and should we report how we spent it? Absolutely! Can we do that and provide more and better Jobs? Absolutely! In Ohio, we believe that the elimination of this 1.5 percent requirement could mean that as much as $1.5 million would be available for case services—and we would still be holding ourselves accountable. Specific language in the modification of Title I In this regard was previously submitted to subcommittee staff.

Due Process

The question has been raised about removing the state director from the appeal process after the hearing officer's decision has been rendered. This would immediately refer all cases to the court system. One suggestion is that another state official could serve in this capacity. Both of these situations have the effect of driving up costs without assurances that any higher quality decisions would exist. During Federal Fiscal Year 1995, 287 cases nationwide were appealed beyond the hearing officer and 162 were overturned equally in favor of the agency and consumers. In 1996, Ohio had 21 cases appealed with only two being overturned. Of those 21 cases, the Client Assistance Program provided help in only one instance. That particular case was appealed to the court and the director's decision was upheld by the court, saying that if anything, we had gone too far. From January 1, 1997 through June 30, 1997, only 11 cases have been appealed. None have been overturned.

Applying the standard of "Does it help anyone get a job?" and "Are we accountable?," we suggest the following: require the director, who already writes a report, to submit that report to his/her state rehabilitation advisory council or commission, and to the regional commissioner. This approach would serve the purpose of accountability and allow steps to be taken in any isolated state situations where concerns might exist, without driving up costs. It would also assure that quality decisions are issued. While it is important that consumers must have the opportunity to receive quality services, we should not let the process get in the way of moving people with disabilities into employment.

Means Testing

The question has been raised as to whether means testing should exist. In Ohio, we currently do not have any means test and we would not be predisposed to move in that direction. Others would also argue that this is a states' rights issue. Applying the standard, will this get anyone a Job and will it be more cost-effective? It is unclear if it would help anyone go to work; theoretically, it would free up some additional money, though how much is unknown. To the extent that people with disabilities are substantially above an indexed means test, it might save some dollars

and be more cost-effective—particularly for those who come back into the system two or more times. In that situation, a means test would not seem out of line. Perhaps there should be testing of high-ticket items such as home and van modifications, college tuition and the like, with more traditional services such as job coaching, assessments and placements left out of the test. This might be a position that makes some sense. Our question is a difficult one; however, another alternative might be to have financial responsibility for all participants.

This would portend to have the effect of the consumer more greatly valuing the services received. Financial responsibility or financial participation—regardless of the sum—seems to make sense.

The Reauthorization Period

Finally, the most troubling portion of H.R. 1385 is the three-year reauthorization. Given that

the administration has been unable to issue regulations in a timely fashion, four and one-half years after the current reauthorization period began,

at best, standards and indicators for the current reauthorization period will not be Issued until the spring of 1998, and these standards serve as the regulations by which we will be measured, and

the administration releases data a year after the collection period,

the following scenario is subsequently set up in the three-year reauthorization period of 1998-2000:

Data for 1998 will not be available until the end of 1999. It will be measured against standards and indicators that will be unavailable until hallway through 1998. These standards were designed to measure law covering 1992-1997, and by 1998 will be somewhat out of date. This will be the only data available before Congress begins to consider what will happen regarding reauthorization in the year 2000, since the 1999 data will not be available until near or after the next reauthorization is completed.

This is, at best, a snapshot of the program—and that snapshot will be out of focus. A five-year reauthorization would at least allow Congress to be able to review three years of data and begin to see if any issues require attention. While that information may still be an apples-and-oranges comparison, it will allow Congress to see a pattern and do the next reauthorization with a context for your decisions.

In conclusion, some have said, "Well, if everything were like Ohio . . . but it's not." While we are not perfect and there are things we need to improve, my response is, "Why not be like Ohio?" It is my challenge to this subcommittee, to Congress as a whole, to the administration and to other states to adopt the Ohio approach of jobs—"more jobs, better jobs."

PREPARED STATEMENT OF TRACI MEECE

Mr. Chairman, Members of the Committee: I am truly excited and honored to be addressing you concerning reauthorization of the Rehabilitation Act and to tell you about a Miracle that's happened in my life as a result of the Vocational Rehabilitation program.

I am Traci Meece from Hamilton! Ohio and am currently a consumer of the Rehabilitation Services Commission.

I believe I am the only blind photographer in the VR program, and for all I know, may be the only blind photographer in the country. I do know, however, that without the Vocational Rehab program, probably wouldn't be a blind photographer at all.

I am the owner and sole proprietor of Miracle Images Commercial Photography in Hamilton. I have been in business for 2½ years now, but in reality, shouldn't be in business at all.

I finally know what I want to be when I grow up, but it wasn't always this way. Ask anyone who knows me and he will tell you that self-employment was never in the picture; in fact, neither was a career in photography.

I discovered photography accidentally while doing public relations. I had recently graduated with my B.A. in business communication from the University of Dayton (Dayton, Ohio) and was convinced that this PR job was the dream job I was looking for.

I was wrong. I was very unhappy in my newfound career. In fact, it's quite an understatement to say I was very unhappy with my life.

On March 21, 1991, I checked myself into the hospital. After many long months, a psychologist had finally convinced me that I was no longer safe" at home. I had been actively suicidal for nearly a full year. Not one single minute went by during that time when I was not debating whether to kill myself. Every minute, every day.

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When I was sent home from the hospital, I was not ready to return to work. The doctor told me to find a hobby. To this day, I don't know what possessed me to use my $500 tax refund to buy a camera.

The camera store recommended an individual who teaches scenic photography in his basement. I called Jim and we met. The conversation went something like, "Hi, Jim. My name is Traci Meece and I'm legally blind and I want to learn how to take pictures" Jim accepted the challenge.

Jim told me not to expect too much from my first rolls of film. When I got my first picture back—the tulips (one of the photos in the attached flyer)—I rushed over to Jim's house right away to show him. "Look, look at this picture, Jim! I did this! I took this picture! This is way more fun than PR! If these are the worst pictures I'm ever going to take, I can't wait to see what they look like when I get really good!"

Much later, the tulips ended up being published in the Best of College Photography. It was one of 21,000 entries received. But at the moment, I was so thrilled with my tulips that I decided right then to quit my job and enroll at the Ohio Institute of Photography and Technology (OIP&T).

My parents almost had a stroke.

"My God, we just spent $40,000 at U.D.!"

"How are you going to pay for this?"

"Are there any jobs for photographers?"

Didn't know, didn't care. I found something I loved, something that made life worth living again! Photography literally saved my life.

I graduated in December 1994—two years after being absolutely intrigued, fascinated and amazed with what I learned—with a diploma in commercial photography.

I began looking for work as a photographer's assistant in a commercial studio. Since there weren't any full-time positions available, I did what everyone else does: I began freelancing as an assistant.

I was just getting established when on March 11, 1995—just three months after graduating from photography school and four years after my hospitalization—I had a major optical hemorrhage in my "good" eye. You may have noticed March traditionally isn't a good month for me; if I ever get married, it certainly won't be in March!

At this point I should explain that I was born with degenerative myopia, or extreme nearsightedness. The key word here is extreme! My uncorrected vision is 20/1800 in one eye and 20/2000 in the other eye. Look at those numbers closely. Not 20/200-20/2000. That means that what you can see clearly from 2000 feet away, I cannot see unless I am only 20 feet away. What you can see 100 feet away, I can see from only 1 foot away. Luckily my corrected vision up to the point of the hemorrhage was 20/50—just good enough to get a driver's license, although that was also quite a struggle every four years.

On March 11 my vision dropped from 20/50 to 20/400 in literally the blink of an eye: the left one, to be exact. Focusing a camera with 20/50 vision was already quite a trick, but this was getting very ugly very quickly.

Now I can't see, I can't drive—I can't work because can't see and can't drive. I have a tremendous student loan debt and no savings. My next move was either pure genius or pure stupidity, and to this day, I'm not sure which; it's a very fine line. I "became self-employed!

I could no longer assist because I wasn't sure what parts of the job would be affected by my vision loss. But amazingly, I coincidentally ("coincidence" is God's way of remaining anonymous) found some shooting projects I thought I could handle with the help of my former instructor and mentor, Doug Boylan. Doug taught all my commercial classes at OIP&T and today remains my best friend. He was and continues to be an absolute gift from God.

So instead of assisting, I started shooting. It wasn't until June of 1995 that the name Miracle Images was actually coined. I didn't want to be self-employed but finally realized in June, as my sister was driving me to a shoot, that's exactly what I was. I decided that if was going to be self-employed, I needed a name that captured this ludicrous situation.

"What do you think of 'Miracle Images'?" I asked. "'Miracle Images'—why?" she asked skeptically. "Miracle Images . . . if the picture's in focus, it'll be a miracle!" She laughed. I laughed. Miracle Images was born.

Act II: Enter the Rehabilitation Services Commission.

At this point, I don't even remember how I was referred to RSC. All I know is that I was trying to do location photography with no way to get to the location (Hamilton has no public transportation system, none), no camera equipment, no

money to buy camera equipment and no collateral to get a loan. The fact that I couldn't see was almost a technicality.

My life had been completely turned upside down and nothing was certain. I faced the very real possibility that I may never be able to look through a camera again or take another photograph. I had just found a career I loved and had no idea whether I would be able to continue. The prospect absolutely and completely terrified me. The more I thought about it though, the more I realized that God had not brought me this far to dump me on my face. I now tell people am the "With God, all things are possible" poster child.

The first step in my "rehabilitation" was sharing this philosophy with my counselor to make sure she understood that sitting at home collecting Social Security was not an option for me. I need to work. want to work. I was not going to give up my new passion even though it isn't a "save the world" job.

In fact, when people tell me I am an 'inspiration,' I truly appreciate the compliment and am honored by it, but feel obligated to point out that my quest to remain self-employed as a photographer was also very selfish. It would have been much easier for everyone—my family, friends and me—if I had simply found another job. But my family never asked me to. They are the true inspiration here.

The second step of my VR program was an evaluation at the Vision Center of Central Ohio (in Columbus). I was like a 5-year-old in a toy store! had never seen—no pun intended—so many cool things! I had never even heard of low vision aids until then!

The closed circuit television (CCTV) was by far the most fascinating thing I had ever seen! It's a color TV hooked up to a microfiche-type camera. Most visually impaired people, including me, use it to enlarge print (up to 60x) so they can read. But as they were demonstrating this machine, I had a brainstorm.

"Hey, can this thing magnify negatives?" I wondered aloud. "Negatives?" they asked in unison, in total disbelief. "No, that won't work because the light shines down on it; it would just be black." I needed a light box. Never having dealt with a blind photographer before, this was proving to be an exciting challenge for them. They returned with a light box.

The "reverse" control on the CCTV allows print to show up as white letters on a black background—the reverse of normal. That's what a negative is: the reverse. We set the camera to reverse and flipped on the light box with the negatives on top. That moment is etched in my mind as permanently as a negative itself.

For the first time in my photography career, I could actually see the negative! I enlarged it and saw it! One of the most challenging things in school had been focusing the camera and printing the negatives: I couldn't tell if the pictures were in focus until I made an 8 x 10 print, which is a long, involved process. It was frustrating, and some days, demoralizing.

I left the "store" with very high hopes of getting several things: a CCTV, a handheld Nikon telescope, a lighted magnifier and a white cane. I got them all. My tax dollars at work for me! I like it!

It was at this point my counselor and I started to seriously discuss the feasibility of maintaining self-employment. We finally concluded that I simply had to have complete control over my shooting assignments due to the visual impairment and transportation issues, but how was I going to do it?

The Business Opportunity Success System (BOSS) was the first step. This course showed me how to write a business plan for Miracle Images, which was beginning its second year of operation.

The BOSS program is probably the single most important and valuable part of my entire Vocational Rehab program. The business plan was a challenge but very encouraging because I learned that I'd done a lot of things right my first year.

It also forced me to be very analytical: Who is my market? How am I going to effectively reach them? Who is my competition? How do I keep financial information? It was actually very frightening and overwhelming, but as a friend of mine told me often (I hated this expression), "If it doesn't kill you, it will make you stronger."

BOSS consultants reviewed my business plan. knew the business plan would be useless unless there was feedback from professionals, but I was nervous about it. At the same time, I knew no matter what they thought, I was not giving up Miracle Images. I calmed myself by thinking, "Well, what are they gonna do if they don't like it—take my business away from me?"

Thankfully, the BOSS consultants were as impressed with my plan as I was with the BOSS program. They told me it was one of the best-written and well thought out plans they'd ever seen. I told them the BOSS program was the best and most beneficial class I'd ever taken (and I've taken a lot!), and should be required as a part of every business program at every college in the country.

My IWRP also included the purchase of a computer system. What a Godsend! I had been doing invoicing, estimating and monthly accounting at my brother John's, which was inconvenient for several reasons: working around his schedule, paying a driver to get me there and transporting my records back and forth, to name a few.

My new computer allows me to not only keep my books, but manage my contacts with a database and create my own promotional pieces through a photo software program (see attached—please keep in mind the attached copy is a very rough draft; I begin computer training within weeks). John had neither a database nor photo software. Having my very own computer has increased my efficiency tremendously—actually feel like a "legitimate" business!

My next big thrill was the authorization of camera and lighting equipment as part of my IWRP. I ran a commercial photography business for two years without owning a single piece of camera equipment.

Doug was loaning me every piece of equipment needed. I would love to have seen the expression on the clerk's face at the camera store when the order from the Bureau of Services for the Visually Impaired (a bureau within RSC) came through! The purchase of this equipment is allowing me to be substantially more independent and self-sufficient.

So what do I mean by "independent" and "self-sufficient?" Doug has taught me several tricks so that most of the time I can focus the camera myself. First of all, he found a device that attaches to our camera which brightens the image in the viewfinder. Then use a huge magnifier over that to enlarge the image. If I'm having trouble, we'll find something with sharp edges to put in the shot to focus on, like a straightback chair, then remove it when it's time to shoot. Some days the "Focus Fairy" doesn't seem to be around so Doug focuses for me (I use medium and large format cameras which are not available in autofocus models).

At this point you know that my corrected vision is 20/400 at best on a good day. It may help you to understand why photography is such a major challenge if you know what 20/400 looks like.

I see light and dark, color and texture: exactly what composition in a photograph is. When I take a picture, I can't see any of the details—only the overall shapes, color and light. But that's all the information I need in photography, and for life in general a lot of the time. For example, when I see a red blob with a gold squiggle in the middle, I know I'm passing McDonald's. I am also very sensitive to movement. In fact, I recognize people by their gait (the way they carry themselves when they walk).

So although it may sound strange to someone with full sight, I am an incredibly visual person. My limited vision forces me to work harder at seeing and interpreting my world, which keeps me from taking it for granted. Although I rarely consciously think about it, I know I could go blind tomorrow. A journalist once astutely observed that my eyes are both my greatest asset and greatest liability.

Perhaps my biggest challenge now besides my blindness is simply building up a reputation in this very specialized field of architectural photography. The Rehabilitation Services Commission has given me some of the tools I need to accomplish that. have now been in business for 2½ years and have turned a profit each year.

Besides clients in Hamilton, I now have clients in Cincinnati and Dayton, and am making contacts in Columbus. In fact, I hope to be shooting the Statehouse in Columbus for the State of Ohio. I have been featured in many print media and may be featured in a national ad campaign for one of the premiere camera manufacturers.

So you can see that the Rehabilitation Services Commission has played a major part in helping me fulfill my dream of being a successful commercial photographer.

Where does my dream take me from here? I dream about a national reputation; publishing a book; an appearance on Oprah . . .?

In the words of country superstar Garth Brooks:

"A dream is like a river ever changing as
it flows and the dreamer's just a vessel
that must follow where it goes.

So don't you sit upon the shoreline
and say you're satisfied
choose to chance the rapids
dare to dance the tide."

The Rehabilitation Services Commission is allowing me to chance the rapids and dance the tides.

PREPARED STATEMENT OF KEVIN VELLER

Good morning Mr. Chairman. My name is Kevin Veller, and I run a program under the Projects with Industry program under Title VI of the Rehabilitation Act. Our program in Vermont is the Vermont Association of Business, Industry and Rehabilitation or VABIR. I am also the current chairperson of the Inter-National Association of Business, Industry and Rehabilitation.

PWI Takes the Lead from Business

PWI was created in 1968 as an innovative experiment in engaging business in the rehabilitation process. Not only have we proven our worth but our methodologies have been adopted by a number of job placement programs. In my view, successful job placement cannot occur without leadership being provided by the employers who ultimately decide to hire or not hire the people with disabilities we refer for jobs.

Currently there are 126 Projects With Industry funded by the federal government. These projects vary in focus. Some are national; others local or regional. Some serve certain categories of people such as youth or the elderly or persons with a specific disability. Projects are run by a wide variety of organizations including major corporations, unions, rehabilitation facilities, small businesses, advocacy organizations and national trade associations. Projects may be run by non-profit or for-profit organizations.

PWI is a government program that works. What are the factors that make it work? PWI values:

Business partnerships where the interests and needs of employers in the state or community are served. Business knows best what its employment needs are. This partnership is substantive on a day-to-day basis and hands-on.

Recognition that both the job seeker and the employer are the agency's customer.

Placement coordinators who have understanding of and experience in business practices and requirements.

Accountability to the government with standards and indicators and to employers and job seekers with quality service.

Focus on the outcome: a well-placed, satisfied and productive new employee (and taxpayer) and an employer with labor needs being met.

PWI involves the private business sector though Business Advisory Councils (BACs). The BAC developed and maintained by the PWI provides a business oriented bridge between business and rehabilitation and between job seekers and jobs. BACs provide PWIs with current and future employment needs and hiring criteria for the local labor market.

BACs: provide information on hiring criteria
identify job openings
identify employment trends
post jobs with PWI recommend training to job seekers coach job seekers on how to interview hire PWI job seekers donate their time and expertise
donate money, equipment, and access to other resources

The strength of PWI comes from its ability to be an understandable and effective link between the government and the employer. Business is often wary of any government program. The BAC provides a business oriented method to act as a bridge between the business community and rehabilitation. It is important that PWI be allowed to maintain its business orientation and mode.

PWI complements the state vocational rehabilitation program. It is not a competitor to VR. The vast majority of the people served by PWI are referrals from state VR and work with them for their other rehabilitation needs.

PWI is the only program under the Rehabilitation Act where programs must meet standards and indicators of success in order to be funded or receive continued funding. PWIs must track the number of persons served and placed into competitive employment, the number who were severely disabled, the number who had been unemployed at least six months, and the weekly earnings of people placed into jobs. Many projects also track the number of person placed and served who had received Social Security Disability Income or Supplemental Security Income in the month prior to placement.

Changes in the Rehabilitation Act

We are making a number of recommendations to strengthen the PWI program and thereby increase the linkage between rehabilitation, the business community and persons with disabilities seeking meaningful employment.

1. Training as Determined by the Local Job Market

Allow local projects and their BAC to determine training needs. The regulations published by the Rehabilitation Services Administration in February 1997 require

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PWIs to provide or make available skills training. This does not include the job readiness or job seeking skills traditionally provided by PWIs. The training component needs to be an allowable activity, rather than a required component of PWI.

A requirement to have substantive training as a primary component will make it almost impossible for a PWI to operate in a rural state like Vermont. Our original PWI grant was designed to create on-going job skills training programs during the economically thriving years of the early eighties. However, it was extremely difficult for VR and VABIR to find enough consumers who were interested or qualified for each of these training programs. It took one to two years to negotiate the contracts at each of the 6 businesses involved. In all cases, no more than 4-6 clients were referred to the program, and no further clients could be found to continue the program. These were extremely expensive programs, given the high cost of start up and the low rate of participation.

A required job training program assumes that a significant number of job seekers will desire jobs in a particular occupation and that the local labor market will be able to hire those persons. An enormous amount of time, energy and money goes into developing a single skills training program, yet each job seeker brings a unique set of skills, abilities, and interests while the local labor market may offer a multitude of occupations.

Employers, through our BACs, are telling us repeatedly that they are looking for job candidates with the right attitude who are motivated and that they, the employer, will provide specific skills training. Employers know that to be competitive they must help make sure their employees have the latest training. PWIs need to help job seekers have the appropriate job readiness and job seeking skills to be an asset to employers.

The decision to offer a training program should be left to the individual PWI as guided by their BAC. PWIs proven strength is in the placement process, sometimes utilizing skills training, but also letting the employer define what training is needed and who will provide it.

2. Streamline Eligibility for Services

A job seeker with a disability has many barriers to overcome in the process of securing employment. Eligibility for services which are designed to help them should not be one of them. PWI should be a vehicle to consumer choice and jobs.

Currently eligibility for PWI services is limited to those who are already state VR agencies clients, or who can meet state/federal eligibility under the Rehabilitation Act. The PWI authority should be modified to allow services to:

1. persons determined eligible for vocational rehabilitation services; or
2. persons determined eligible for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI); or
3. special education students with an Individual Education Plans for employment services; or
4. to individuals with disabilities, including physical, emotional, mental or other severe functional impairments in accordance with the definition used under the Job Training Partnership Act.

3. PWI Outcome Data

PWI has had outcome standards and indicators since the late 1980's. These standards and indicators have made PWIs accountable, and they have been used to decide whether a PWI will have continued funding. These standards and indicators have not been modified since first adopted. RSA should update the standards and indicators regularly so that they can be true outcome measures.

4. PWI Funding and Results

It is time for Congress to recognize that value of PWI and ensure funding commensurate with its proven success. In FY 94 (the most recent year RSA has statistics) PWIs placed 11,604 persons with 77% having severe disabilities. In Vermont last year VABIR assisted 241 individuals to secure employment at a cost to the federal government of $321,000. Based on taxes paid and savings for people coming off Social Security that will result in an estimated net gain of $594,000 in one year to the federal government.

Despite our results in Vermont we do not even know whether we will be funded in this next funding cycle. RSA has reduced the expected upper level of funding for a project by 25% which affects the larger programs including state, multi-state and regional programs. As a result, assuming we are funded, VABIR can expect to place 100 fewer people into jobs in FY98.

PWI has been level funded for the past three years. PWI currently receives appropriations equal to less than 1% of the funds for basic state grants. PWI could play a significant role in increasing employment for persons with disabilities and in

being the bridge between Department of Education and Department of Labor programs. In the next few days and weeks this subcommittee will need to make recommendations to the Appropriations committee for FY 1998 funding. Increase PWI to two and a half percent of Title I funding and you could more than double PWI funding and dramatically increase job placement for people with disabilities.

5. PWI as a Program Separate from State Block Grant

The beauty of PWI is its entrepreneurial nature and its close alliance between service providers and the business community. Our programs have been able to grow in ways that would not have been possible with just state or local funding. PWIs cross state lines, include national corporations, unions, independent living centers, and national trade associations. In order to preserve this PWI needs to be maintained as a separate discretionary program.

6. Better Collaboration and Linkages with Other Programs

Use PWI as a link with other programs. PWI can be the vehicle to improve linkages with Department of Labor and Social Security programs.

The current Rehabilitation Act states, ". . . The Commissioner, in consultation with the Secretaries of Labor and Commerce and with designated State units may award (PWI) grants . . ." This authority has never been used to any significant extent. We recommend language that will increase collaboration between RSA and DOL in making PWI awards. Any new legislation concerning other job training programs should:

specifically include people with disabilities among targeted populations

include people with disabilities and service providers for people with disabilities as members of local workforce development boards

use DOL demonstration authority to develop PWI as the model for replication at the local level.

Approximately 25% of the people with disabilities we serve and place reported receiving SSI or SSDI when they came to VABIR. Our placement of these individuals saves the federal government thousands of dollars a year.

Yet we do not receive any reimbursement for providing services to this difficult to serve population. Under current Social Security programs and under some proposals we would still not receive the level of reimbursement or appropriate incentives to be able to participate at meaningful levels. While not a part of the Rehabilitation Act we hope that you will urge the Finance Committee to take up return to work legislation that will benefit people with disabilities currently on SSI and SSDI, but that will also expand the number of providers and give them a reasonable fee or reimbursement.

These are the highlights we wanted to emphasize. We are especially interested in the idea of a new program to encourage use of telecommuting, small business and entrepreneurship. One of I-NABIR's members, the National Telecommuting Institute in Boston, has been a leader in this field.

In other areas of discussion concerning the Rehabilitation Act we have the following comments:

Clarification of minimum wage requirements—This issue has to do with whether a person in supported employment has to receive the minimum wage for the placement to be considered "competitive". PWI requires placement into jobs that pay at least the minimum wage so this issue does not directly concern VABIR or other PWI. However I-NABIR, as part of the Consortium for Citizens with Disabilities (CCD) supports a position that would allow the minimum wage as a goal for persons in supported employment under either Title I (basic state VR program) or Title VI-C (supported employment).

Expanding alternative dispute resolution options—this proposal would allow persons that want to dispute a state VR decision to use alternatives to what is currently available. The proposal is similar to methods recently approved by Congress for special education in the IDEA legislation. We would support this.

Competitive state improvement grants—Add a competitive grant program for states to use to improve the state VR programs. Generally we would support this, but we do have some questions such as—What has happened with the strategic plan development that was put in the Act in 1992? How much money would be allocated for this? Will it potentially reduce funding for other discretionary programs?

Streamlining eligibility determinations—I-NABIR fully supports streamlining the eligibility determination process. We have suggested that SSI and SSDI recipients be consider automatically eligible for PWI services. We also think that students transitioning from special education to employment who have an "Individual Education Plan" that includes a plan for employment be automatically eligible for VR or PWI services.

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Development of IWRP—I-NABIR supports more informed choice and self direction for persons with disabilities. Streamlining the IWRP process and allowing the individual to take more of a lead role is a step in the right direction. Any plan for an individual VR services should include: 1) the employment goals sought by the individual; 2) the services that the state VR agency agrees to provide; 3) responsibilities of the individual; 4) a statement of the individual's rights; and 5) notice of the availability of assistance from the Client Assistance Program.

Section 508 strengthening—Section 508 requires federal agencies to ensure that assistive technology is made available to federal workers with disabilities—the House bill, HR 1385, provides for improvements and the Senate is considering requirement for the Architectural and Transportation Barriers Compliance Board to write regulations and enforcement to be by Office of Civil Rights of each Federal agency. We can support this since it would assist placement efforts into federal agencies.

Title VI—add funding for telecommuting projects. Funding- one third each from state, federal, and private business. We could generally support this. The National Telecommuting Institute in Boston (a PWI and I-NABIR member) has led efforts in this direction and that they are funded as a PWI.

Simplifying data collection—new data reporting on:

1. support/income prior to services
2. how many people applied for services under the options for eligibility determination
3. how many found eligible
4. did they get job
5. did they stay employed 9 months
6. wage level
7. benefits

These items have been suggested as the primary outcome data to be reported by state VR agencies. PWI's already report most of the data. We think that such data shows the employment outcome for the program and provides a real basis for showing the benefits to federal and state government and to the American taxpayer.

Mandating means testing for purchased services under certain circumstances Current regulations note that there is no requirement that financial means of the individual be considered in providing rehabilitation services. The regulations provide that states may consider financial need and determine the extent of an individual's financial participation but with many restrictions. Financial need cannot be used for assessment, eligibility determination, determining vocation needs, guidance, counseling, referral service and placement services. Currently 19 state agencies means test all allowable services and 39 state agencies means test selected services (i.e. restoration, transportation, assistive devices, post-secondary). 24 states do not use means testing, including Vermont. The people seeking the services offered by VABIR and other PWIs would generally not be able to pay for any of the services provided to them and the placement services are not allowed to be means tested under current regulations. We would be concerned with time consuming paperwork in trying to administer a means test. Given the fact that most (58 of the 82 state VR agencies) currently use a means test, we would suggest that current practices be studied before steps are taken that could have profound or unintended consequences.

Requiring higher education to pay for aids and services to PWD referred from VR—Some people with disabilities have difficulty getting ancillary services needed for higher education paid for. The education institution often says it is VR's responsibility if the person is a VR client, and VR sees it as an ADA requirement for the school to provide reasonable accommodation. There is some concern that if this proposal is made and then not finally adopted, schools will try to say it is not their responsibility. We would support Congress reiterating that institutions of higher education have a duty under the ADA to provide reasonable accommodation, but we do not want Congress to do anything that would open ADA to any changes.

Thank you for the opportunity to speak with you. I would be glad to answer any questions you might have.

[Additional material may be found in committee files.]

PREPARED STATEMENT OF JAY JOHNSON

Mr. Chairman, and distinguished members of the Senate Subcommittee on Employment and Training, thank you for this opportunity to provide testimony and some personal insight into Reauthorization of the Rehabilitation Act.

My name is Jay Johnson and I am the Executive Director of Options Interstate Resource Center for Independent Living in East Grand Forks, Minnesota. Options

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belongs to the National Council on Independent Living (NCIL) and I serve on NCIL's Rehabilitation Act and Social Security Reform Legislative Subcommittees. Options assists individuals with all disabilities, of all ages, to live as independently as possible in the communities of their choice. We also work to eliminate attitudinal, architectural and communication barriers which stand in the way of people living independently. Options provides independent living services in eight counties in northwestern Minnesota and eight counties in northeastern North Dakota.

I am here today to encourage you to use this reauthorization process to improve the Rehabilitation Act and the lives of people with disabilities by strengthening consumer control and choice at all levels of vocational rehabilitation staffing, programs and services.

Consumer Control and Centers for Independent Living—"Consumer control" is the philosophical foundation of Options and the independent living movement in general. The center for independent living (CIL) network, of which Options is a part, has—with the support of the federal and state governments—experienced strong growth in the last decade. There are currently over 400 federally and state funded centers. Today, many view the independent living movement and its centers as an operating arm of the disability rights movement.

Working from a premise that society, not people with disabilities, needs to be fixed, the independent living movement believes that people with disabilities must have control over both the options and methods which bring them the greatest independence and control over their own lives. This includes greater authority over both administration and design of services that benefit them. CILs became the first group of private, non-profit organizations to exemplify this principle, known as "consumer control"—run for and by people with disabilities.

Title VII of the Rehabilitation Act includes a definition of consumer control: "The term 'consumer control' means, with respect to an entity, that the entity vests power and authority in individuals with disabilities." Title VII, as well as state laws in both Minnesota and North Dakota, mandate that at least 51% of CIL boards and staff must be people with disabilities. Eighty percent of the Options Board of Directors are people with significant disabilities and 63% of the Options staff are people with disabilities.

It is no coincidence that former executive directors of centers for independent living and other individuals with disabilities have risen to key state and federal government positions: Judy Heumann is Assistant Secretary of the Office of Special Education and Rehabilitation Services, Duane French now heads Rehabilitation Services in Alaska, Brenda Premo is in charge of Rehabilitation Services in California, Marca Bristo is Chair of the National Council on Disability, Bob Williams is the Commissioner of the Administration on Developmental Disabilities, Susan Daniels is an Associate Commissioner at the Social Security Administration, and Fred Schroeder is Commissioner of the Rehabilitation Services Administration. These people are our new leaders and they come from the independent living movement and programs that promote control by people with disabilities.

Independent Living and Vocational Rehabilitation (VR)—In recent years, there have been several positive changes in the traditional vocational rehabilitation policies and practices, resulting from the actions of advocates for independent living. Consumers have been given greater control of the services and programs designed to assist them. Vocational rehabilitation consumers have a greater role in the development of their individual program plans, and consumer controlled statewide independent living councils have been partners in designing the independent living networks and services in each state. Applicants for vocational assistance now face fewer barriers before receiving services.

Stronger linkages now exist between vocational rehabilitation and independent living in Minnesota and North Dakota, as well as many other states, because of shared resources, cross-over representation on various councils, and a greater respect for the role of consumers in the oversight and peer review processes which guide development and implementation of both programs. But improvements are still needed.

Reauthorization in 1997—Speaking on behalf of Options, as well as the National Council on Independent Living, we feel there is still work to be done. Consumer control and consumer choice must be key elements of this reauthorization, integrated at every level of the vocational rehabilitation system. This reauthorization provides an excellent opportunity for Congress to define and implement true consumer choice and control. Such changes will also facilitate better cooperation and less paternalism between state vocational rehabilitation agencies and people with disabilities. Although Congress cannot regulate relationships, it CAN act to ensure an environment where positive cooperative relationships and interactions flourish.

State Independent Living and Vocational Rehabilitation Relationships—Healthy communication and cooperation between centers for independent living and the vocational rehabilitation agencies are not impossible under the current system. However, it takes a lot of hard work and unique individuals who are committed to this task. In my opinion, independent living and vocational rehabilitation services go together like a hand inside of a glove. It is hard to live independently without being employed and you cannot get employed, or stay employed, until you learn how to live as independently as possible.

Options currently has a great working relationship with the state vocational rehabilitation agency in North Dakota because of the leadership provided by Gene Hyjulien, Director of Vocational Rehabilitation. When I return home, I will be attending a meeting of all the Regional Vocational Rehabilitation Administrators in North Dakota to identify ways we can more effectively collaborate. In Minnesota, Tom Anderson, who is the Regional Area Manager for Vocational Rehabilitation, has been a Board Member with Options and wrote Options' first Peer Counseling program. Up until the flooding this spring and the establishment of the Workforce Center a month ago, Options provided office space in East Grand Forks to Vocational Rehabilitation and also shared office space with them in Thief River Falls.

I have served on the Statewide Independent Living Councils (SILCs) in both Minnesota and North Dakota. The Rehabilitation Act mandates that SILCs have a majority of members with disabilities. Based on the successes of the last five years, they have shown the ability to provide the leadership necessary to guide independent living services in the states. Requiring that the state vocational agency continue to have joint sign-off authority on state independent living plans is no longer necessary. Furthermore, requiring that the state VR agency have control over independent living services perpetuates paternalism.

Information is power. If the state vocational rehabilitation agency has control of both the information and the funding, the stage is set for a paternalistic relationship with the SILC. When you distribute the control of information and funding to a consumer controlled SILC as a true partner, you level the playing field and guarantee that independent living programs will truly meet the needs of people with disabilities. It is imperative that the SILC in each state have control over their operational budgets (Part B funds) and sole authority for developing, signing and submitting the state independent living plans.

In Minnesota, the state Rehabilitation Advisory Council (RAC) is a well-functioning and experienced body of empowered individuals who address employment and rehabilitation issues. A majority of the Council's members are people with disabilities. The Council currently provides input and guidance to Vocational Rehabilitation concerning the development of the state vocational rehabilitation plan and provision of services. A member of the Statewide Independent Living Council serves as a member of the RAC to help coordinate independent living and employment services. Unfortunately, under the Rehabilitation Act this consumer-controlled Council is permitted to have oily an advisory role on vocational rehabilitation issues, with no control over its operating budget or development of the state plan. Again, when you give control over information and funding to a consumer controlled organization, as a true partner with the state vocational rehabilitation agency, you eliminate paternalism and foster cooperation.

Currently centers for independent living only receive direct federal funding if they are in states where federal funding exceeds state funding. Options has a unique perspective on this issue in that we serve two states in different federal regions. We receive Title VII federal funds directly in North Dakota. In Minnesota, however, we receive Title VII federal funds through the "designated state unit"—the state vocational rehabilitation agency. It is difficult for vocational rehabilitation and centers for independent living to work as equal partners if the state agency controls their funding. In addition, state control of the federal funding is slower, more complex and less efficient. I would strongly recommend that the Rehabilitation Act be amended to allow centers in all states to receive direct funding.

Eligibility for Vocational Rehabilitation Services and Individualized Written Rehabilitation Programs—As a result of the 1992 Amendments to the Rehabilitation Act, centers for independent living streamlined eligibility for their services and provided for waivers if an individual did not want to develop an independent living plan. In Minnesota and North Dakota this has been a very positive change. It provides more time for actually assisting someone that needs help, instead of spending hours on bureaucratic paperwork Now is the time for the state vocational rehabilitation agencies to implement similar provisions. Many applicants for VR services have visible significant disabilities and are obviously eligible. Currently, even when a disability is obvious, or when an individual has already been found disabled by another agency such as the Social Security Administration, the Rehabilitation Act requires a per-

son to wait up to 60 days for approval of an application for VR services. A simple declaration of their disability and a desire to work should be sufficient to start the rehabilitation process.

In addition, individuals needing vocational services should have the option of waiving the Individualized Written Rehabilitation Program (IWRP) when appropriate, such as when an individual needs only short-term or limited assistance. Decreasing unnecessary paperwork would increase the amount of time vocational counselors could devote to direct services. Consumers are the most qualified persons to determine their own vocational needs. As with the independent living plans, individuals with disabilities should have the option to waive the IWRP, giving them more choice and control over this process.

American Indian Vocational Rehabilitation Services—Another issue I'd like to briefly touch on is Section 130 of the Rehabilitation Act, American Indian Vocational Rehabilitation Services. As Executive Director of Options I have had the enormous pleasure of working closely with many Native Americans in Minnesota and North Dakota. It has been a privilege to learn more about their culture and develop a closer working relationship so that Options can better serve Native Americans with disabilities. Art Raymond, who is Lakota Sioux, was chair of the Options board for six years. He was North Dakota's first Native American legislator and created the Indian Studies Program at the University of North Dakota where he taught for over 20 years. Options also has a very close working relationship with Don Lussier and Connie Lee Berg who are with the Section 130 program of the Red Lake Band of Chippewa in Minnesota.

Although the Section 130 program provides excellent vocational services to members of the tribes in our states, they have told us there is a dramatic need for independent living services. It would greatly benefit Native Americans who have disabilities if the Rehabilitation Act were amended to allow the Section 130 projects to provide independent living services in addition to employment services, consistent with consumer control and choice principles. As I said previously, independent living and employment services are interdependent. Such a change in the Rehabilitation Act would enhance the current services in a cost-effective, culturally appropriate way.

Workforce Centers—I'd like to address the Workforce Center concept, since I know that several members of the Subcommittee are interested in how these "one stop" centers are working. Theoretically the idea is a good one and ideally the Workforce Centers could provide all people with quicker and better access to employment opportunities. The biggest problem right now in Minnesota and North Dakota is in the implementation process. I hope there are changes Congress can make to turn the concept and its potential into a reality.

A big problem is that some of the money which was previously allocated for employment services for people with disabilities is now being put into the Workforce Centers. There needs to be a dedicated funding stream to ensure that funding for vocational rehabilitation is not swallowed up by these "one-stops", ignoring once again the needs of people with significant disabilities. Furthermore, the Workforce Centers must be accessible to ALL people, with and without disabilities. This means that people with disabilities must be involved in planning and logistics. In the establishment of some Workforce Centers there was no input from people with disabilities; in others the information provided was ignored. The result is Centers that are not accessible by bus and programs that are not accessible to people who are blind. The specific needs of people with disabilities are being ignored.

In addition, we must maintain qualified staff who have personal experience with a disability, and/or appropriate training, to assist people with disabilities entering or reentering the job market. The Workforce Centers also need to incorporate privacy. It is impractical and insulting to expect that people with significant disabilities will discuss personal issues like personal attendant services or a bowel program in an open cubicle or wait their turn for one of the few (and rare) private offices to open up.

Another example of problems that can develop when consumers don't have input happened with the Workforce Centers in Minnesota. The Rehabilitation Advisory Council should have been an integral part of the needs assessment, plan and implementation of employment services for people with disabilities. But the Council's input was technically only "advice" and not seriously considered or respected until people wrote our Governor and other state and federal government authorities. This set up an adversarial relationship, again not conducive to cooperation and partnership. People with disabilities who need employment services are the losers in this type of conflict.

Conclusion—Options and other centers for independent living are true success stories. They provide people with disabilities real choices and control over their lives. Lack of choice and control are two major barriers to successful rehabilitation and

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employment. Professionals and consumers agree that the greater the level of involvement in the decision-making process, the greater the likelihood of successful employment. During this reauthorization process, Congress has the opportunity to ensure that people with disabilities will have greater input, guidance and control over the development and implementation of all independent living and vocational programs and services. Specifically, Congress can strengthen consumer control and consumer choice in the Rehabilitation Act by implementing the following recommendations:

1. Require that the Rehabilitation Services Administration adopt the definition of consumer control currently included in Title VII of the Rehabilitation Act and start the implementation process with state vocational rehabilitation agencies.
2. Allow consumers to waive the Individual Written Rehabilitation Program (IWRP) and/or streamline the IWRP process.
3. Expedite the eligibility determination process when appropriate.
4. Allow all centers for independent living to receive direct federal funding.
5. Require that all states establish client choice certificate or voucher programs.
6. Give the Statewide Independent Living Councils (SILCs) control over their operating budgets and sole authority for developing, signing and submitting the state independent living plans.
7. Change the state Rehabilitation Advisory Councils to simply Rehabilitation Councils and give them joint authority with the state vocational rehabilitation agencies for developing and overseeing the implementation of the state plans.
8. Provide the Section 130 American Indian Vocational Rehabilitation Services program with the flexibility to provide both independent living and vocational rehabilitation.
9. Require that Workforce "One-Stop" Centers (a) be accessible to all people; (b) maintain specialized services and a separate budget for employment services for people with disabilities; (c) have staff who are people with disabilities and/or skilled in working with people with disabilities; (d) incorporate privacy; and (e) respect and obtain the input and views of people with disabilities.

In closing, I want to make it clear that the independent living movement is not an entitlement program. It is not Republican or Democrat. It is just good common sense—people with disabilities helping other people with disabilities to live and work as independently as possible in their communities. Please take this opportunity to strengthen the Rehabilitation Act by ensuring consumer control and choice at all levels of staffing, programs and services covered by the Act.

Thank you for letting me share my views with you today. If you have any questions, or if I can provide you with any additional information, please do not hesitate to contact me at any time.

PREPARED STATEMENT OF JANET SAMUELSON

Senator DeWine, Members of the Employment and Training Subcommittee, and Subcommittee Staff, thank you for inviting me here today to speak from a private sector community rehabilitation program perspective about proposed changes to the Rehabilitation Act. I represent Fairfax Opportunities Unlimited, a progressive 25-year-old non-profit organization with a mission to put people with disabilities to work.

We serve over 600 people with disabilities on a daily basis, over 850 annually, in 4 states (Virginia, Maryland, West Virginia, and North Carolina) and the District of Columbia. Over half of the people we serve have cognitive disabilities; over 80% have either a cognitive disability or mental illness. Our corporation employs about 625 people, of whom about 425 are people with disabilities.

We create employment opportunities by working in partnership with private business and government—both by directly placing people with employers and by affirmatively employing people in quality jobs. Only 20% of our $14 million annual budget is earned from public rehabilitation contracts. Comparatively, about half of our program participants receive public support for training or employment. We leverage public support dollars and create value for our public sector customers as well as opportunities for individuals who are ineligible for public support. The majority of our revenue comes from affirmative business services provided to government and business. We specialize in applying the right solution of training, technology, and people to meet business customer needs. This labor market driven approach allows us to fulfill our mission of creating employment options for people with disabilities.

Our corporate commitment is to create more and better employment options for individuals with disabilities who seek employment. We are aggressively using training and technology to that end. We believe that the future for people with significant disabilities does not lie in traditional manual labor jobs, but in our ability to

help our program participants position themselves to compete in a changing labor force.

That philosophical introduction is meant as a framework for my comments about how well the proposed changes to the Rehabilitation Act facilitate our mission, values, and goals.

Generally, I think the current Rehabilitation Act Program is woefully underfunded and over regulated. The Act, the primary Federal enabling legislation for jobs for people with disabilities, has become a bit player in many community rehabilitation programs providing work opportunities for people with disabilities. Additionally, far too much of available resources get used in eligibility determination, assessment, individual plan development and other activities before getting to the point of actual service provision which leads to employment.

I am very supportive of your efforts to eliminate unnecessary process from the Act's requirements. I particularly commend the proposed streamlining of the individual service planning process. Everything that eliminates unnecessary barriers to quick, effective and efficient services for an individual is good. The new definition of administrative costs in H.R. 1385 is fine and the requirement for tracking them makes sense, but it would be far more helpful to assess how much money is being spent in actual employment related services for an individual (after all the eligibility determination, assessment, and program planning). I am also obviously a strong proponent of the value created by using private, non-profit community rehabilitation programs to leverage available resources and would like to see proposed more of the Act's work done in the private sector.

Everything that you propose to strengthen an applicant or clients ability to direct and control the process is excellent. The specific section on Informed Choice should send a clear message not only that the program consumer be a full and active partner, but the driving force in the process. The new references for improving self employment and business ownership options in H.R. 1385 are a nice option, as long as there is a clear recognition that those options are executed by only a small part of the full non-disabled workforce and should not consume resources from other core employment services nor should the counselor be expected to be a competent venture capitalist.

The proposed language on linkages to State workforce development programs should help assure access and coordination. Common intake and referral systems and requirements for cooperative efforts with employers are good proposals. The specific language proposed in that section to "develop and sustain relationships with employers, trade associations, and labor organizations" would be strengthened by a reference to community employment programs. Community Rehabilitation Program participation in local workforce boards is also an important linkage to consider. Additionally, the increased use of Medicaid to provide long-term employment supports creates critical coordination issues which should be addressed, whether it happens in this reauthorization or next.

As a former representative to a state-use commission in Florida, I support the addition of the reference to state use programs to the Javits-Wagner-O'Day references. I've seen some of the excellent work options that are created in both programs.

I have mixed feelings about the idea of restricting supported employment and other services to people who can earn minimum wage. Although, in a time of limited resources, it seems to make immediate sense to focus efforts only on those people who are able to currently compete in the competitive labor force, I'm concerned that it is a shortsighted perspective. I've seen dramatic changes during my 20 years in the field in not only the concept of who gets defined as competitively employable, but in who gets defined as employable at all. In Virginia, our home base, very few resources get used in supporting sub-minimum wage options, but it is an important option for the counselor to have when needed. This new focus seems to move away from encouraging service to people with the most significant disabilities and employment challenges. My history and my personal commitment to opening up employment for people with significant current employment barriers tells me that it would be a mistake in the redirection of the Act.

More aggressive dissemination of NIDRR funded project information would be helpful to the field. It is noteworthy though, that NIDRR project lists are available on the Intenet with project contact information. Many small or less developed community programs (and many state agencies too) do not have resources or expertise to access information electronically. I believe that part of Act mandates should be to help finance and promote technology access both for the field and for the individual consumer. It seems very clear to me that the future labor market for quality jobs involves technology. The Act should clearly promote (even more so than proposed) the necessity of keeping pace with the technology changes driving the changing face of the workforce.

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Means testing, particularly for degree or business ownership programs, has some important potential benefits. One is obviously that limited resources can be more effectively allocated; a second and equally compelling one is that financial participation improves personal investment and commitment. My concern is that there be enough flexibility in the system that exceptions can be made if necessary. Each part of the Act's systems should be designed to ensure that a counselor has the flexibility to authorize services which truly are unique to the individual.

Thank you for the opportunity to present my thoughts. I would be delighted to answer any questions now or during the rest of the reauthorization process.

PREPARED STATEMENT OF DOUGLAS TAKSAR

Senator DeWine, members of the Employment and Training Subcommittee, and Subcommittee Staff, I am very happy to speak to you today as a person with a disability that has had to overcome many barriers to successful employment and independent living. Over the past 10 years I have received rehabilitation support services provided as a part of the Rehabilitation Act. I would like to tell you a little about how these services have positively affected my life.

After graduating from a program for the mildly mentally retarded at Chantilly High School in Chantilly, Virginia in 1988, my family and I went to live in Germany. While in Germany I did find a job for myself, and worked in a military warehouse for a year and a half. I was really proud of this accomplishment since I was able to get the job on my own, and then was even promoted from stocker to warehouseman. It was the first time in my life I had accomplished something worthwhile. Most of my life people had told me that I couldn't do things, and I was finally proving them wrong.

When we returned to the United States, I couldn't find a job for the next year. I got very depressed and upset, and didn't want to even get out of bed in the morning. It was a terribly difficult time in my life. Then my mother took me to the Department of Rehabilitative Services (DRS) in Falls Church, Virginia for a vocational evaluation. Alter the evaluation, my DRS counselor provided training for me to improve my interviewing skills, to complete job applications, and to use the computer for job search information.

My DRS counselor then assisted me with the application for employment with Fairfax Opportunities Unlimited. I was hired as a Supply Clerk on a government contract in 1992. The job got off to a rocky start, as I was afraid and did not want to leave the back room of the store. With a lot of support from my FOU supervisor and counselor, I overcame this and was able to learn valuable skills that helped me succeed on the job. I think FOU is a very good organization. They provide the training and support that people with disabilities need to achieve success at work.

Through the efforts of the FOU staff along with support from my DRS counselor, I was able to move on from FOU and was hired as a federal employee for the Environmental Protection Agency in 1995. Now, I am a Quality Control Clerk, and I open, sort, stamp, and deliver mail and interoffice communication to EPA Administrator Carol Browner and others in the executive office. I am entrusted to handle high priority mail, and EPA provided computer training for me in WordPerfect. There is also opportunity for advancement. I never dreamed a person with a disability could be doing this job. People with disabilities need to be given a chance. If not for FOU. I would not have gained the skills necessary to succeed in the job market.

It is very important that people with disabilities get the individualized services they need. That is why I support the idea of tailoring the individual service planning process, so that people can have more involvement in deciding what type of plan they want and need. I think this would speed up the delivery of services and create a more effective system.

PREPARED STATEMENT OF PAUL MARCHAND

Thank you, Mr. Chairman and distinguished Members of this Subcommittee, for this opportunity to testify on the reauthorization of the Rehabilitation Act of 1973.

My name is Paul Marchand. I am the Director of the Governmental Affairs Office of The Arc and Chairman of the Consortium for Citizens with Disabilities (CCD). CCD is a coalition of almost 100 national disability organizations working together to advocate for national public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities into all aspects of society. The CCD Employment and Training Task Force, that I am representing today, monitors Federal policy that effects employment of people with disabilities.

The Vocational Rehabilitation Program

For 75 years, the Rehabilitation Act has been the cornerstone of our nation's efforts to assist Americans with disabilities to become gainfully employed and self-reliant. The Act is the product of the continuing experiences of people: Experiences of people with and without disabilities; people who have rehabilitation needs; and people who work to achieve goals the Congress set in the Act through service, education, research and advocacy. The Vocational Rehabilitation Program, authorized under Title I of the Act, provides a wide range of services to individuals with disabilities, including, but not limited to vocational evaluation, counseling and guidance, assistive technology, personal assistance services, education and vocational training, supported employment, job placement, and post-employment services. Title I funds are distributed on the basis of a formula that takes into account population and per capita income. The amount distributed in FY 1997 is approximately $2.2 billion.

CCD appreciates and supports this subcommittee's general approach to the reauthorization of the Rehabilitation Act—to fine-tune this vital law.

The 102nd Congress made significant changes through the Rehabilitation Act in 1992 based on a consensus-building process within the disability community and the bipartisan efforts of Congress. The 1992 Amendments promised greater consumer control and involvement, better and faster access to services and movement away from segregated settings to more competitive and integrated employment. Since final regulations for many of these changes were not published until early this year, many of the provisions have not yet been fully implemented. CCD believes it is wise for this Congress to postpone a lengthy reauthorization until the impact of the 1992 amendments are better understood and documented. We also hope that Congress will continue to craft amendments to the Rehabilitation Act on a bi-partisan basis with substantial input from the disability community.

Mr. Chairman, the Rehabilitation Act is a crucial law. For approximately one quarter of a million Americans each year, it opens or reopens the door to a job and results in productive, more independent tax paying citizens. However, the Rehabilitation Act is woefully under-funded. People with disabilities want to be part of the solution—not the problem—to the economic vitality of this nation. Yet, it is astounding and shameful that the doors to rehabilitation and training remain closed to so many, solely because the 1money's not there. We urge this subcommittee to strongly encourage the appropriators to increase funding for all V.R. Programs, particularly the State Grant Programs.

Minimum Wage Supported Employment

Real wages for real work is an obvious goal of rehabilitation and training. People with disabilities, like most people, want to earn the best wage possible and to be as independent as possible. That is also true for those individuals with severe disabilities who need and use supported employment to enter and remain in the workforce. Current data indicate that about thirty percent of people in supported employment now earn below the minimum wage. It is vital that the Federal government sets policy that allows such individuals to maintain their employment and work toward earning at least the minimum wage.

The recently published regulations for Title I of the Rehabilitation Act change the practicing definition of supported employment for purposes of the VR system by interpreting the statutory definition of competitive employment to include salary requirements of minimum wage or greater. CCD fears that without further clarification from RSA, the new rule will work in conflict with the original intent and spirit of supported employment as an employment strategy for individuals with the most severe disabilities. Our fear is that rather than supporting minimum wage, the new rule will provide a substantial disincentive to offering supported employment services to these individuals. To address the minimum wage issue, CCD recommends a new definition of "individual in supported employment" for purposes of eligibility under Title I and Title VI-C to mean "an individual who is competitively employed in an integrated setting at minimum wage or greater or who is competitively employed in an integrated setting and is working towards the minimum wage."

CCD is also concerned about any proposal to limit Title I to individuals who become employed at minimum wage, while allowing individuals in Title VI, Part C, Supported Employment, to receive sub-minimum wage. CCD is concerned that this would create a two-tiered system, forcing counselors to make an assessment prior to offering services as to whether an individual would be employable at minimum wage, an assessment that counselors cannot and should not make.

Other Supported Employment Improvements

Current law allows individuals in supported employment to receive services under the State VR system for a maximum of 18 months—or more, if determined necessary on an individual basis. Many states set a shorter maximum period of time allowed for supported employment services. For successful minimum wage placements and long term stability, CCD recommends that the law specify that individuals who need 18 months or more to reach minimum wage should be served for the allowable time period.

CCD also endorses the recommendation that Title VI-C continue to be identified as a distinct source of funding to build the infrastructure in the states necessary for competitive employment for individuals with the most severe disabilities. Given the current debates over minimum wage, it is clear that there is still much work to be done in many states to build the capacity to achieve "competitive employment" for individuals with intense employment support needs.

Individual Written Rehabilitation Program

The 1992 amendments significantly empower consumers of V.R. services by offering choices regarding their employment goals, services they need, the providers of those services and how those services are delivered. In theory, if not in fact, consumers are full partners with the V.R. agency in making decisions about their vocational goals. Central to the decision making process is the individual written rehabilitation program or IWRP, which is an individual plan for how best to achieve employment.

Despite the policy improvements intended by these new choice provisions, many individuals seeking V.R. services report that the V.R. systems often dictate what services are permissible. Many believe that the IWRP process should be streamlined to allow for more informed choices for consumers. A provision in the Employment, Training and Literacy Enhancement Act of 1997 (H.R. 1385) moves in this direction. CCD supports recent efforts to strengthen the individual plan section to allow individuals seeking VR services more discretion in the planning process, including the option of writing his or her own plan.

CCD recommends, however, that any alternative to the current plan development include at least the following five elements: 1) the employment goal sought by the individual; 2) the services that the State VR Agency agrees to provide; 3) responsibilities the individual agrees to assume; 4) a statement of the individual's rights under the Rehab Act and the remedies available to ensure those rights; and 5) a statement about the availability of assistance from the Client Assistance Program. Any plan must be agreed upon and signed by the individual and the VR counselor.

Financial Needs Testing

CCD is very concerned that this Subcommittee is considering Federal financial means testing of V.R. services. While it is clear that there are not nearly enough resources to rehabilitate and train the hundreds of thousands of people with disabilities who want to work and become tax payers, there is no known data that suggests that means testing V.R. services will alleviate this problem. Title I of the Rehabilitation Act currently allows needs testing for any services except for assessment; counseling, guidance and referral services; and placement services. Currently 19 State agencies test for all allowable services; 39 test for certain services; and 24 do not [illegible] means testing for any services. Therefore, before moving ahead on instituting a Federal financial means testing of V.R. services, CCD recommends a serious study on the impact of current approaches to means testing within the V.R. system.

In addition, CCD suggests exploring other strategies for states where the demand for services outstrip the resources available. For example, one idea being informally discussed by our Task Force would allow States to set priorities for who they serve, e.g., first serving those eligible individuals who have never been employed; followed by those previously employed and now unemployed; those underemployed; those in serious jeopardy of losing their jobs; and finally, those currently employed and seeking advancement.

Linkages and Coordination with other Service Delivery Systems

CCD supports linking the Rehabilitation Act programs to the generic workforce development system, while maintaining the Rehabilitation Program as a separate component with a separate funding stream. Designated State Units should be required to cooperate fully with all entities offering employment and related services to individuals with disabilities, including those affiliated with consolidated job training programs and the Social Security Administration. Conversely, all other related job programs must be required to cooperate with the V.R. system, where relevant.

Alternative Means of Dispute Resolution

CCD recommends that Section 112(g)(3), which requires Client Assistance Programs (CAPs) to use mediation procedures to the maximum extent possible prior to resorting to administrative or legal remedies, be amended to give the CAP the option of using a variety of forms of lower level resolutions prior to resorting to administrative or legal remedies. CCD recommends that Section 112(g)(3), be amended to read as follows:

Each program shall contain provisions designed to assure that to the maximum extent possible mediation procedures, good faith negotiations, or other forms of alternative dispute resolution strategies are used prior to resorting to administrative or legal remedies.

Strengthening the Due Process Provisions

CCD recommends that the due process provisions in Title I be strengthened. CCD recommends that Section 102(d) be amended to clarify that the due process procedures available under Title I of the Act extend to both applicants and eligible individuals; and that they apply with regard to all determinations and decisions reached by designated State unit personnel (not just VR Counselors) throughout the rehabilitation process. CCD also recommends that this section be amended to clarify that failure to make a required determination/decision in a timely manner can be appealed. Section 102(d)(5) should be amended to clarify that the restriction against terminating, suspending or reducing services during an appeal applies to all services being provided by the State VR agency throughout the VR process, including evaluations and assessment services and services being provided under an extended evaluation. Under current law, this restriction applies only to services that have been initiated under an individualized written rehabilitation program (IWRP).

CCD strongly recommends that the due process requirements in section 102(d)(3) be strengthened by requiring State Directors who overturn decisions rendered by impartial hearing officers to be fully accountable for the overturning of such decisions. Any time an IHO decision in favor of an individual is overturned, the State Director should be required to submit the standards of review that were used to review the decision and a full report of the findings and the grounds for the State Director's decision to overturn the hearing decision. This information must be shared more widely than with just the individual who is party to the hearing, as required by current law. To ensure accountability and strengthen the due process requirements in this section, the VR Director must be required to share the standards of review that were used to review an IHO decision and the grounds and reasoning for overturning such a decision. This information must be shared with the impartial hearing officer who rendered the decision being overturned, the Director of the Client Assistance Program, the State Rehabilitation Advisory Council, and the Commissioner of RSA, as well as the individual's designated representative, when appropriate.

State Plan/Comprehensive System of Personnel Development (CSPD)

CCD supports streamlining the State Plan requirements that increase effectiveness and efficiency; however, we do not support changes that weaken individual protections and reduce accountability. For example, CCD believes that the language on the State Plan requirement regarding the Comprehensive System of Personnel Development (CSPD) in the House-passed H.R. 1385 needs to be strengthened. CCD recommends that, at a minimum, the following current state plan requirements be maintained to ensure an adequate supply of qualified rehabilitation professionals and paraprofessionals within the state system:

1) The number and type of personnel needed by the State, and a projection of the number of such personnel that will be needed in five years, based on projections of the number of individuals to be served, the number of such personnel who are expected to retire or leave the field, and other relevant factors;

2) The establishment and maintenance of standards that are consistent with any national or state approved or recognized certification, licensing, or registration that apply to the area in which such personnel are providing vocational rehabilitation services;

3) A system for in-service and pre-service training of rehabilitation professionals and paraprofessionals within the designated State unit, particularly with respect to rehabilitation technology.

Best Practice Studies and Research

CCD fully supports the proposal to authorize "best practice" studies. The Task Force recommends the following topics be considered: Social Security work disincentives issues; eligibility criteria; job development; client satisfaction/client choice;

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transition services; case closures (e.g., why are so many people closed out as uncooperative in some states); effectiveness and autonomy of the State Rehabilitation Advisory Councils; outcome measures; career development counseling; job placement strategies; strategies for achieving "competitive employment" for individuals with intense employment support needs; and the overall effect of the new options for individual plan development. CCD recommends that such studies be required to be completed in a timely manner and that the results be widely disseminated, used by all practitioners, and considered by the Congress in preparing for the next reauthorization of the Rehabilitation Act.

Telecommuting/Self-Employment Initiative

CCD strongly supports the proposal to include a new "telecommuting/self-employment initiative" in Title VI. There is substantial evidence that State VR Agencies are reluctant to support individuals with disabilities seeking self-employment or various types of home-based employment. Such employment options are clearly the wave of the future and provide substantial advantages to many people with severe disabilities.

State Rehabilitation Advisory Council (SRAC)

CCD recommends that the role of the SRAC be strengthened. The SRAC was created in 1992 to oversee the development and implementation of the State and Strategic Plans, and to assure that the VR program is operating effectively. However, several states report that their SRACs are not effective. CCD recommends giving dual sign off authority for the State Plan for VR services to the Director of the VR Agency and the SRAC. CCD also recommends requiring more mandated seats on the SRAC for individuals representing business and industry; or if this is not possible, to consider creating an advisory council of business representatives so that the State VR Agency receives direct input regarding the needs of business and industry and the types of skills and qualifications needed for current and emerging jobs. Finally, the CCD suggests the SRAC be given a more direct role in filling its own vacancies.

Job Training Consolidation Bill

Recognizing that the subcommittee is also working on the job training consolidation bill, CCD calls three vital provisions to your attention. First, people with disabilities must be clearly eligible for all federally funded job training programs. Second, people with disabilities and their advocates must have a voice in all local decision-making processes established under the consolidation of job training programs. Third, national programs serving people with disabilities operated by the Department of Labor must continue to be authorized. These are among the most successful, cost-effective training programs funded by the Federal government.

Conclusion

Mr. Chairman and members of the Committee, thank you again for the opportunity to testify today. CCD looks forward to working closely with you as amendments to the Rehabilitation Act are conceptualized and drafted. The undersigned organizations are supportive of these statements in principle, but a few will comment separately on some of the specific recommendations.

STATEMENT OF BOBBY C. SIMPSON

Chairman DeWine, and distinguished members of the Subcommittee, it is indeed an honor and a privilege to have the opportunity to provide testimony regarding the Reauthorization of the Rehabilitation Act of 1973.

I am particularly proud to be testifying on behalf of the Council of State Administrators of Vocational Rehabilitation (CSAVR). The CSAVR is composed of the 81 state officials charged with administering the Public Vocational Rehabilitation Programs in the states, the District of Columbia and the territories. These State officials administer, and are accountable for, the historic and progressive program that provides rehabilitation services annually to 1.2 million persons with disabilities, and obtains gainful employment outcomes for 213,000 persons with disabilities in any given year.

These programs are the cornerstone of our Nation's commitment to assist eligible persons with physical and/or mental disabilities to prepare for and enter the world of work.

We are proud of our ongoing efforts to focus the services and outcomes of the Public Vocational Rehabilitation Program on competitive employment in integrated settings for individuals with disabilities.

The 1992 Amendments to the Rehabilitation Act took very positive steps in reaffirming that the focus and purpose must remain on competitive employment outcomes, while providing consumers with informed choice and a customer-friendly, simplified process.

Even though Federal Regulations for Title 1, the Vocational Rehabilitation Program, were only finalized in recent months, the CSAVR took the Amendments, upon their passage in 1992, very seriously and moved forward immediately to implement these provisions and concepts. Through the CSAVR, Public Vocational Rehabilitation Agencies developed and implemented in states across the nation, "streamlining initiatives" designed to eliminate burdensome bureaucratic processes, to reduce forms and paperwork, and to put in place systems which empower the rehabilitation counselor, in partnership with the customer with a disability, to take only those steps which support positive movement toward quality employment outcomes.

In addition, we have proposed to our Federal counterpart, the Rehabilitation Services Administration (RSA), that we change the cumbersome, but Federally-required, system of twenty (20) casework statuses in which a client may be placed and moved to only four (4)! In fact, numerous Agencies are currently operating in this streamlined manner while maintaining parallel data systems, in order to keep data, of questionable value, which is required by the old status system.

We developed a Stream lining Agreement which our Federal counterpart has signed, and we look forward to its continued, yet rapid and broad, implementation.

In fact, our efforts at improving government and making the system of service delivery more effective, efficient, user-friendly and quality-focused were recognized by Vice President Gore when he presented us with the Hammer Award this past year.

Are we listening? Have we moved forward in implementing the 1992 Amendments? You bet! With no Regulations, State Vocational Rehabilitation Agencies have increased the number of persons with disabilities going to work in each year since the passage of the 1992 Amendments.

In FY 1996, State Vocational Rehabilitation Agencies assisted 213,500 persons with disabilities obtain employment. That number will also increase again this year. Since passage of the 1992 Amendments, the percentage of persons with severe disabilities placed in employment has increased each year to a impressive level in 1996 of 77.6 percent.

All of this has occurred during these past five years with essentially level funding when inflationary factors are considered. I can truthfully say that never in my many years of involvement with the Public Vocational Rehabilitation System have seen, personally among my fellow State Directors, the commitment and dogged determination to continue to improve, transform, and streamline the system for the delivery of services.

There are major Streamlining Initiatives in State Rehabilitation Agencies all over the country. The Public Vocational Rehabilitation System is being transformed into the most advanced, responsive, and cost-beneficial service delivery and outcome-oriented program available in either the public or private sector.

Based on the experience of the 81 State Directors, the Council strongly recommends three bedrock issues as the foundation for the reauthorization of the Rehabilitation Act; First, there must be a five-year reauthorization.

Only this period of time will assure long-term stability for the Program. A five-year reauthorization will assure program customers with disabilities, program participants, and the general public that Congress has faith in the purpose and direction of the Program. In just February of this year, the Federal Regulations implementing Title I of the 1992 Amendments to the Rehabilitation Act were finally published, after 1,537 days of development. The Program needs a five-year period in which to fully implement these Regulations.

The Evaluation Standards and Performance Indicators, which the Council urged the Congress to enact in the 1992 Amendments, have not yet been published as proposals, much less implemented. The Program needs a five-year period for these standards and indicators to be fully implemented, in order that the Congress and Public can properly evaluate the performance of the Program.

Second, the clear purpose and function of the Vocational Rehabilitation Program should be to place individuals with disabilities in competitive employment in integrated settings with earnings at or above the minimum wage.

People with disabilities want the kind of jobs that you and I want. They want real jobs in the competitive labor market, wherein they can perform real work which contributes to the National economy. People with disabilities want jobs in which they can work side-by-side with all kinds of people, including people who do not yet have disabilities. People with disabilities want jobs in which they are paid a living wage, so that they can support themselves and their families.

The goal of the Public Vocational Rehabilitation Program must remain competitive employment in integrated settings, with earnings at or above the minimum wage.

Third, the law, the Regulations, and the System of services have proven to impose major impediments to the implementation of competitive employment outcomes. As stated before, our Council and the Rehabilitation Services Administration have entered into an agreement to implement a user- and customer-friendly system of service delivery.

Congress should accelerate this streamlining initiative, by cleaning out the State Plan Provisions, and cleaning up the Individualized Written Rehabilitation Program provisions of the Act. A lot of the bureaucratic Ired tape" takes time and drains resources from the actual delivery of services to customers with disabilities.

The Program does not need both a three-year "Strategic Plan" and a three-year State Plan. The Strategic Plan should be eliminated. Over the years, the provisions of the State Plan have multiplied. The Council has identified numerous provisions which can be eliminated without negatively impacting upon Customers, services, or employment outcomes. The Individualized Written Rehabilitation Program (IWRP) has become burdened with excessive specificity which slows the process of providing services leading to competitive employment. The Council has identified IWRP provisions which can be modified or eliminated to streamline the service delivery process.

We urge you to use caution and careful deliberation when considering additional changes to the 1992 Amendments to the Rehabilitation Act. On occasion much is made of individual comments and anecdotal stories in public forums stressing the need for increased choice and modifications of the appeals process, for example. But what does the real evidence show? The Rehabilitation Services Administration has spent a considerable amount of money on a very extensive Longitudinal Study of a broad cross section of consumers regarding the effectiveness of the Public Vocational Rehabilitation Program. Interim analysis by the contractors indicates that consumers have expressed a high level of satisfaction with their services, with their vocational goals, as well as with their ability to exercise "informed choice" and actively participate in the Public Vocational Rehabilitation Program's efforts to assist them in preparing for and entering employment. Everyone should support the concept of informed choice in identifying a vocational goal and deciding how best to reach that goal. We must focus on assuring informed choice while also remaining very aware that we are also accountable to the American Taxpayer as to how limited resources are spent and invested.

We are convinced that the best way to assure a customer-focused, effective, efficient, and accountable system of Public Vocational Rehabilitation Services is to insist that a genuine Partnership exists between each qualified rehabilitation counselor and each customer with a disability. This must exist from the beginning to end of the process—starting with assessment, and continuing through eligibility, plan development, service delivery, and job placement.

If we make sure that a genuine Partnership is developed between a qualified rehabilitation counselor and each customer with a disability then there should be no need for additional process requirements and time-consuming administrative burdens brought on by the addition of multiple Individualized Written Rehabilitation Program (IWRP) requirements to the law.

A genuine Partnership will result in a very minimal amount of time being spent with those consumers who are clearly focused on their vocational goals and how to get there; while extensive counseling, guidance, option-exploration and planning can be utilized with those who need more. Insisting on a genuine Partnership while increasing flexibility and reducing Regulations so that rehabilitation counselors and customers are free to act quickly, properly, and professionally is the way to provide informed choice, to ensure quality employment outcomes, and to maintain Public accountability.

Over the past month, we have heard many comments about the Vocational Rehabilitation appeals process—its supposed problems and suggested solutions. Unfortunately, wildly inaccurate data has been used in identifying a problem where, in actuality, many now agree little problem exists.

Regardless, alternate dispute resolution techniques are, in the vast majority of instances, far superior to formal hearing processes. We must be careful, however, that we do not create systems resulting in increased service delays and costs as we move forward in offering such alternate dispute resolution options.

We strongly urge any changes which will assist State Vocational Rehabilitation Agencies in increasing the number of eligible individuals with disabilities in permanent and full-time, competitive employment in integrated settings at the minimum wage or above. Surely, all can agree that competitive employment outcomes and working for sub-minimum wages are mutually exclusive.

Currently, State Vocational Rehabilitation Agencies are spending millions of dollars on tuition, books, etc., for persons with severe disabilities to attend institutions of higher education as a response to "informed choice" and in order to increase future income potential particularly for those customers who are Social Security recipients. It seems obvious under the "Americans with Disabilities Act" (ADA) that higher education institutions should be responsible for providing appropriate auxiliary aides and devices for such individuals; however, State Vocational Rehabilitation Agencies often must bear such costs when higher education institutions refuse.

Since we have mentioned Social Security recipients, it should also be noted that the effectiveness of the Public Vocational Rehabilitation System in assisting persons with severe disabilities to go to work would be greatly enhanced if the disincentives to work inherent in the Social Security Program were to be addressed by the Congress.

The 1992 Amendments significantly streamlined eligibility requirements. Key elements of this must be maintained. Such as, the individual must have a physical or mental disability which is an impediment to employment; and the individual must be able to benefit from Vocational Rehabilitation Services in terms of pursuing an employment outcome. We already presume that people with disabilities can work. Current law allows State Vocational Rehabilitation Agencies to use existing data and even self-reported information as a part of eligibility determination.

Congress can make this easier by encouraging the use of data most readily available while insisting on minimal regulatory intervention and by giving Agencies enough flexibility to assure that accountable measures are in place.

We encourage efforts which enable us to provide technical assistance to and coordinate efforts with other workforce training programs to assure that their services are available to persons with disabilities who may benefit from such, while also maintaining the leadership responsibility and integrity of State Vocational Rehabilitation Agencies in providing people with disabilities opportunities to achieve competitive employment outcomes.

In conclusion, I present my life as living testimony to the success of the Public Vocational Rehabilitation System.

I have been a wheelchair user since sustaining a spinal cord injury at the age of 18. At that time, I was a good student and an accomplished athlete. I had a fairly realistic vocational goal of becoming a professional baseball player. After my accident, my parents were told by well-meaning medical professionals to keep me comfortable and prepare for me to live the rest of my life in a nursing home. Thank God that a competent and caring rehabilitation counselor entered my life and told me that, if I wanted it, he would help me go to work. He gave me hope! He helped me develop a plan and paid for it! The Public Vocational Rehabilitation System helped me find professional employment in 1974, after five years of education and training. Since that time, without interruption, I have worked full-time and repaid the cost of my rehabilitation thousands of times over in Federal, state and local taxes alone.

In those frightening early months after my accident, never in my wildest dreams would I have imagined that I would be the Director of a large State Agency testifying before a Congressional Committee. The Public Vocational Rehabilitation System gave me hope and helped me take control of my life.

I ask you to give the Public Vocational Rehabilitation System a mandate to continue to increase its focus on competitive employment outcomes and provide State Vocational Rehabilitation the flexibility to continue responding to statewide needs while working in a responsible partnership with persons with disabilities to become productive, independent, tax-paying members of the American workforce.

The Council of State Administrators of Vocational Rehabilitation appreciates the opportunity to present testimony regarding the reauthorization of the Rehabilitation Act.

We stand ready to work with you and the Subcommittee.

STATEMENT OF THE COUNCIL OF ORGANIZATIONAL REPRESENTATIVES

Mr. Chairman and Members of the Committee, The Council of Organizational Representatives on National Issues Concerning People who are Deaf or Hard of Hearing (COR) wishes to thank you for the opportunity to submit this statement on the Reauthorization of the Rehabilitation Act of 1973. COR is a coalition of national organizations that are committed to improving the lives of individuals who are deaf or hard of hearing. Constituencies of COR organizations provide a variety of services, including technological and telecommunications services, educational programs, social and rehabilitation services, support groups and self-help programs, and general information on other services for deaf and hard of hearing consumers.

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Among other things, COR serves as a bridge among interested organizations, the general public, and the community of people with disabilities on matters concerning deaf and hard of hearing individuals.[1]

I. Uniform Eligibility Standards Based on an Individual's Functional Limitations are Needed.

The Rehabilitation Act ensures the provision of rehabilitation services for any individual who has a "severe physical or mental impairment which seriously limits one or more functional capacities in terms of an employment outcome . . ." Sec. 102(a)(2)(B). Emphasis on one's functional performance appropriately takes into account environmental restrictions, social limitations, and other factors, along with the severity of the individual's underlying impairment, in determining eligibility for services. However, while consideration of one's functional capabilities is the legal mandate, in practice, states vary widely in their eligibility standards for rehabilitation services. Accordingly, COR recommends that the following language be added to the legislative history of Sec. 102:

RSA should adopt universal, uniform minimum eligibility standards based on the functional status and limitations of the individual with a hearing loss, not based on decibel loss alone, when determining eligibility and/or the severity of the disability. States should be allowed to adopt additional eligibility standards to reflect individual states' priorities as long as they adhere to federal minimum eligibility standards. States should be allowed to provide services to people with hearing loss who, though they may not be determined to be severely disabled, may be unable to obtain and maintain employment without the provision of some accommodations.

II. States Should Provide the Auxiliary Aids and Services Needed to Provide Equal Access.

The Rehabilitation Act requires that rehabilitation technology services be provided within the scope of vocational rehabilitation services. Sec. 103(a)(12). Included within the definition of rehabilitation technology are "assistive technology devices." Sec. 7(13). All too often, however, vocational rehabilitation offices do not have the necessary auxiliary aids and services, including assistive technology devices, to fully and effectively provide services to their deaf and hard of hearing clients. Accordingly, COR recommends that the following language be added to the legislative history of Sec. 103:

States must provide equal access to those people who are deaf or hard of hearing in vocational rehabilitation offices. Qualified interpreters (including those skilled in American Sign Language (ASL), other sign languages, oral, cued speech, and tactile interpreting) and/or any necessary auxiliary aids and services, as listed in the ADA,[2] which may include but not be limited to existing technology and devices, should be utilized throughout the rehabilitation process by counselors when interviewing, evaluating, and counseling.

III. Measures Should be Taken to Ensure Proper Transition Services for Deaf and Hard of Hearing Individuals.

Section 103(a)(14) of the Rehabilitation Act requires that transition services promote the accomplishment of long-term rehabilitation goals and intermediate rehabilitation objectives. Toward this end, the legislative history of this section should make clear that transition agreements between schools and rehabilitation agencies must provide for the needs of deaf and hard of hearing students. COR recommends that the following language be added to the section's history:

Each applicant for a grant should be required to provide assurances that the needs of individuals who are deaf and hard of hearing will be met through the provision, when appropriate, of functional vocational evaluation, rehabilitation counseling, speech-language assessment, audiological evaluation, hearing aid evaluation, purchase and counseling, instruction in independent living skills (including social-

[1] The following organizations of COR support this testimony: Alexander Graham Bell Association of the Deal, American Academy of Audiology, American Deafness and Rehabilitation Association, American Society for Deaf Children, American Speech-Language-Hearing Association, Conference of Educational Administrators Serving the Deaf, Convention of American instructors of the Deaf, League for the Hard of Hearing, National Association of the Deal, Registry of Interpreters for the Deal, Self Help for Hard of Hearing People, Inc., and Telecommunications for the Deal, Inc.

[2] Such "auxiliary aids and services" include qualified interpreters, notetakers (longhand or computer assisted), computer assisted real-time transcription services, written materials, telephone handset amplifiers, hearing aids, assistive listening devices/systems, telephones with amplification and hearing aid compatible telephones, open and closed captioning, TTYs, videotext displays, and other effective methods of making communication and materials available and accessible to individuals who are deaf and hard of hearing.

ization and communication skills),supported employment, and the development of post-secondary education, employment, and adult living objectives, and technological devices or the provision of qualified interpreter and technological services, including, but not limited to, the auxiliary aids and services listed in the ADA.

In accordance with the above objective, a designated lead agency and qualified professionals within that agency should be specified as responsible for coordinating transition plans and services for all deaf and hard of hearing youth within two years of exiting high school. Assurances should also be provided that this lead professional will, where appropriate (based on a student's needs and taking into consideration the student's preferences), provide or coordinate: outreach services to students and families, functional vocational evaluation, rehabilitation counseling, instruction in independent living skills (including socialization and communication skills and use of assistive technology and hearing aids when appropriate) and the development of post-secondary education, employment, and adult living objectives. The consumer should have the right to choose an agency that best fits his or her communication needs.

Grant applications should provide assurances which address: (a) provisions for determining lead agencies and qualified professionals responsible for transition services for deaf and hard of hearing youth; (b) procedures for outreach to, and the identification of, such youth in need of services; (c) components of individualized transition plans; and (d) a time frame for the evaluation and follow-up of youth who have received such services. Assurances should also be made that such programs will provide communication access and effectively accommodate the needs of deaf and hard of hearing youth.

Procedures for outreach and information services to youth with sensory disabilities, their parents, and school personnel, regarding adult service programs authorized under the Rehabilitation Act and the Developmental Disabilities Act must also be established.

IV. Authority and Funding for Supported Employment Programs for Low Functioning Deaf and Hard of Hearing Individuals Should be Provided.

In 1988, the Commission on Education of the Deaf (COED) alerted Congress to the fact that a significant number of deaf and hard of hearing individuals with other disabling conditions, such as deficiencies in language, underdeveloped social skills, and mental disabilities, historically have been unemployed and underemployed in our nation. The COED categorized these individuals as "lower functioning adults" and recommended that the federal government provide service centers for these individuals in each of the ten federal regions of the United States.

Currently, the Rehabilitation Act only provides the RSA with discretionary authority to fund a minimum of two such centers. Moreover, all federal funding for special projects and demonstration projects to serve low-functioning deaf and hard of hearing individuals, previously authorized under Section 311(c)(1)(C), has been terminated, and the currently proposed H.R. 1385 deletes Section 311(e) of Part B of Title III, the remaining provision authorizing such funding. In order to restore this critical funding, COR recommends the following language changes:

Title III, Part B—Special Projects and Supplementary Services

Sec. 310. For the purpose of carrying out this part (other than sections 311(d), 312, and 316), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years ? through ? [INSERT THE YEARS FOR WHICH THE ACT IS REAUTHORIZED].

Sec. 311(c)(1)(A) The Commissioner shall make grants to public and non-profit community rehabilitation programs, designated State units, and other public and private agencies and organizations for the cost of developing special projects and demonstrations providing supported employment, including continuation of determinations of the effectiveness of natural supports or other alternatives to providing extended employment services.

(B) . . .

(C) Not less than ten such grants shall serve low functioning deaf and hard of hearing individuals.

COR also urges Congress to ensure that such programs (a) incorporate evidence of planning based on demographic dispersion data and a needs assessment of the deaf and hard of hearing population within the state and (b) provide for the involvement of consumers and consumer organizations in program development and service provision. In addition, grants provided for low functioning centers should (a) identify and evaluate mechanisms for the provision of ongoing funding for individuals who so require it to retain employment and (b) determine appropriate and feasible methods of joint funding and administration of all supported employment programs within the region housing each grant. Finally, such programs should ensure the provi-

sion of communication accessibility for deaf and hard of hearing persons, including, but not limited to, the provision of qualified personnel, qualified interpreters (including sign, oral, tactile, and cued speech), hearing aids and assistive listening devices, and services such as CART or notetaker services.

V. Rehabilitation Personnel Need to be Qualified to Provide Effective Services to Individuals who are Deaf and Hard of Hearing

It is critical that vocational rehabilitation professionals who evaluate the eligibility of deaf and hard of hearing individuals for rehabilitation services be fully qualified and trained to make those assessments. In order to effectively serve deaf late deafened, deaf-blind and hard of hearing consumers, COR recommends that the State agencies staff their offices with Rehabilitation Counselors for the Deaf (RCDs), qualified interpreters, and other rehabilitation professional personnel who are proficient in and knowledgeable about the language and communication preferences, modes, and styles of these consumers, and that such personnel have the specialized knowledge, skills and attributes needed to serve deal, late deafened, deaf-blind and hard of hearing consumers. It is also critical for these agencies to maintain the position of a State Coordinator for the Deal, and that such State Coordinator be qualified to understand the communication needs of people who are hard of hearing as well as those who are deaf. Accordingly, COR recommends the following language be added to the statute:

Title I, Part A. Scope of Vocational Rehabilitation Services.

Sec. 103.(a) Vocational rehabilitation services provided under this Act are any goods or services necessary to render an individual with a disability employable, including, but not limited to, the following:

(6) qualified interpreter services and qualified personnel for individuals who are deal, hard of hearing, and reader services for those individuals determined to be blind after an examination by qualified personnel under State licensure laws;

The term "qualified personnel" should be defined to mean those individuals who provide direct services to individuals with disabilities including, but not limited to, rehabilitation counselors, vocational evaluators, psychologists, speech-language pathologists, audiologists, interpreters and other staff for whom standards of expertise have been established by the professional discipline. Such individuals must be licensed, certified, or certification-eligible in the professional discipline, where such standards exist. In addition, for personnel who provide direct services to deaf and hard of hearing persons, these individuals must demonstrate competence in all aspects of working with this population, including, but not limited to, the use of appropriate communication modalities, the use of interpreters and allied personnel, and a working knowledge of appropriate accommodations (such as hearing aids and assistive listening and alerting devices), related technology, such as Computer Assisted Real-Time Transcription (CART), and worksite modifications. It is critical to recognize the need for qualified personnel to be appropriate for the particular individual who has been referred for services. Specifically, such personnel must be able to use the preferred means of communication of that deaf or hard of hearing individual, whether that person uses ASL, signed English, is oral, or uses an alternate means of communications access, such as CART.

To ensure the availability of qualified professionals, state plans should describe efforts that will be taken to recruit and hire qualified professionals and remedy any deficiencies in existing staff. Such plans should include the hiring of qualified persons who are deaf and hard of hearing in accordance with Section 501 of the Rehabilitation Act. Such plans should also address issues of equitable compensation for qualified personnel based on bilingual skills and other competencies necessary to serve this population, and should require increased efforts to recruit personnel from multicultural and multilingual backgrounds. Similarly, state plans should include in-service training in deafness and hearing loss for general rehabilitation counselors who may periodically work with deaf and hard of hearing clients. Finally, all graduate rehabilitation long-term training grants at universities should be required to include training in deafness and hearing loss for graduate students.

VI. Vocational Rehabilitation Programs and Services Must Ensure the Availability of Qualified Interpreters and Qualified CART Stenographers.

All too often, the lack of appropriate accommodations for deaf and hard of hearing individuals has resulted in the provision of substandard rehabilitation services for such individuals. The provision of qualified sign language, oral interpreters, and CART stenographers are imperative for proper communication with deaf and hard of hearing individuals. State plans need to include provisions for minimum performance standards and quality control systems for the utilization of interpreters, including, but not limited to, interpreters who use American Sign Language and other

forms of sign language, oral, tactile, and cued speech interpreting, as well as provisions for minimum performance standards and quality control systems for CART stenographers. Toward this end, the Rehabilitation Services Administration (RSA) should be empowered to direct the training of interpreters at the pre-service, in-service, and continuing education levels, and to direct the training of CART stenographers. At present, the Rehabilitation Act only provides the RSA with discretionary authority to award grants and to establish or maintain interpreter training programs. In addition, the current law does not include references to individuals who are hard of hearing, and who might need oral or cued speech interpreters in its training section; nor does the Act make any reference to awarding grants to establish and maintain training programs for CART stenographers. Accordingly, COR recommends the following language changes:

Title III, Part A, Sec. 302. Training.

(f)(1) For the purpose of training a sufficient number of qualified interpreters to meet the communications needs of individuals who are deaf, hard of hearing, and individuals who are deaf-blind, the Secretary, through the Office of Deafness and Communicative Disorders shall award grants to any public or private nonprofit agency or organization to establish interpreter training programs or to provide financial assistance for ongoing interpreter training programs. The Secretary shall award grants for qualified interpreter programs in such geographic areas throughout the United States as the Secretary considers appropriate to best carry out the purpose of this section. Priority shall be given to public or private nonprofit agencies or organizations with existing programs that have demonstrated their capacity for providing interpreter training services.

(2) . . .

(3) For the purpose of training a sufficient number of Computer Assisted Real-Time Transcription (CART) stenographers to meet the communications needs of individuals who are deaf and hard of hearing, the Secretary, through the Office of Deafness and Communicative Disorders shall award grants to any public or private nonprofit agency or organization to establish CART stenographer training programs or to provide financial assistance for ongoing CART training programs. The Secretary shall award grants for CART stenographer training programs in such geographic areas throughout the United States as the Secretary considers appropriate to best carry out the purpose of this section. Priority shall be given to public or private nonprofit agencies or organizations with existing programs that have demonstrated their capacity for providing CART stenographer training services.

(4) No grant shall be awarded under paragraph (1) unless the applicant has submitted an application to the Secretary in such form, and with such procedures, as the Secretary may require. Any such application shall—

(A) describe the manner in which a CART stenographer training program would be developed and operated during the five-year period following the award of any grant under this section;

(B) demonstrate the applicant's capacity or potential for providing training for CART stenographers for individuals who are deaf and hard of hearing;

(C) provide assurances that any stenographer trained or retrained under such program shall meet such minimum standards of competency as the Secretary may establish for purposes of this section; and

(D) contain such other information as the Secretary may require.

VII. A Financial Means Test for the Authorization of Rehabilitation Services is Inappropriate.

COR urges rejection of a financial means test for the purchase of rehabilitation services which exceed a set amount of money. Services which include the range of accommodations for deaf and hard of hearing individuals may present costs that exceed $4,000, the originally proposed financial means test. Because accommodations for some disabilities are less expensive than they are for others, any financial means test is likely to have a discriminatory effect on certain individuals. Moreover, both the Americans with Disabilities Act and Section 504 of the Rehabilitation Act prohibit requiring consumers to bear the cost of accommodations. Thus, if a dispute does arise between the rehabilitation agency and the service provider as to who is the party responsible for bearing the cost of an accommodation, the State vocational rehabilitation agency must bear such costs, in order to ensure the seamless provision of services for the deaf or hard of hearing client.

VIII. Authority and Funding for a Rehabilitation Technology Center for Deaf and Hard of Hearing Individuals Should be Provided.

Technology can provide the critical interface between people who provide services and the individuals they serve. Technology, such as TTYs that can be interfaced

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with computers, remote CART, and assistive listening and alerting devices, are a means to achieve communication with and facilitate job placement for individuals who are deaf and hard of hearing. It is critical for both vocational rehabilitation counselors and deaf and hard or hearing individuals to be aware of and be able to make use of the rapidly changing advances in technology. Toward that end, COR recommends that the Rehabilitation Act be amended to empower the RSA to award grants to establish a Rehabilitation Technology Center to demonstrate and disseminate rehabilitation engineering techniques for persons who are deaf or hard of hearing.

IX. Conclusion

COR appreciates the opportunity to submit this statement to the subcommittee and stands ready to assist in whatever manner is necessary to ensure that deaf and hard of hearing individuals frilly and equally benefit from rehabilitation services.[3]

STATEMENT OF THE NATIONAL REHABILITATION ASSOCIATION

Mr. Chairman, Members of the Subcommittee on Employment and Training.

The National Rehabilitation Association thanks the Subcommittee for the opportunity to express its views on this vital piece of legislation which will impact the rehabilitation community and individuals with disabilities.

The National Rehabilitation Association views this law together with the Americans with Disabilities Act as cornerstone legislation to the employment of individuals with disabilities. The National Rehabilitation Association has may concerns with regard to draft legislation to Reauthorize the Rehabilitation Act of 1973. Below are the thoughts of the Association on the initial ideas put forward by the majority staff of the Subcommittee on Employment and Training.

1. Minimum wage and supported employment. The National Rehabilitation Association believes that the minimum goal for employment of persons with disabilities should be minimum wage and above including individuals in supported employment. Individuals earning sub-minimum wage according to the Fair Labor Standards Act (FLSA) would continue to receive supported employment services funded under Title VI, Part C, as long as such individuals work toward the goal of achieving minimum wages. People with disabilities want and need real jobs with competitive wages in order to become independent and productive citizens.

2. State Improvement Plans. The National Rehabilitation Association strongly supports the proposal to authorize discretionary funding for State Improvement Plans under Title III. These grants, available to states on a competitive basis, would be used to improve the State Vocational Rehabilitation Program with particular emphasis on upgrading the qualifications of Vocational Rehabilitation Counselors to meet state licensing standards, as well as meet the qualifications established by the 1992 amendments to the Act.

3. Individual Written Rehabilitation Plan/Individual Employment Plan. The National Rehabilitation Association believes that individuals should have control over their career goals. The Association continues to support, with appropriate protections for persons with disabilities as well as service providers, an alternative to the full Individual Written Rehabilitation Plan (IWRP). Any employment plan (IWRP, IEP, or any derivative) should include the following elements: a) the employment goal being sought by the individual; b) the services that the Vocational Rehabilitation agency has agreed to provide; c) any responsibilities the individual has agreed to assume; d) a statement of the individual's rights under the Rehabilitation Act and the remedies available to ensure those rights; and e) a statement about the availability of assistance from the client assistance program.

The National Rehabilitation Association believes that the full and equal partnership established between the counselor and client is critical to the Vocational Rehabilitation service delivery system. Consumer surveys reveal that the relationship between counselor and client is most valued and a viable vehicle to promote informed choice.

4. Reasonable Accommodations on College Campuses. The National Rehabilitation Association strongly supports the proposal to include language in the Rehabilitation Act to specifically require colleges and universities receiving federal funds to pay for reasonable accommodations for "all students with disabilities." The current approach taken by many colleges and universities, requiring Vocational Rehabilitation to pay for such accommodations when a student is receiving Vocational Rehabilitation services, in clearly not in compliance with either Section 503 of the Rehabilita-

[3] Questions regarding this testimony should be directed to Karen Peltz Strauss, Legislative Counsel for the Council of Organizational Representatives, 301-587-0234 FAX.

tion Act or The Americans with Disabilities Act. The National Rehabilitation Association applauds the Senate for recognizing and addressing this ongoing problem.

5. Data Collection. The National Rehabilitation Association agrees with the Senate's intent to enhance the system of data collection to ensure that all data collected is pertinent and data collection is uniform across states as bong as accountability and individual protections are not lost.

6. Best Practice Studies. The National Rehabilitation Association fully supports the proposal to include authorities for several "best practice" studies. The Association recommends the following topics be considered for such "best practice" studies: means tests; eligibility (e.g.,how does the criteria "requires Vocational Rehabilitation services" come into play); client satisfaction/client choice; transition services; case closures; effectiveness and autonomy of the State Rehabilitation Advisory Councils; outcome measures; career development counseling; job placement strategies; and the overall effect of the new options for individual plan development. In addition, the National Rehabilitation Association recommends that such studies should be required to be completed in a timely manner and the results of such studies should be widely disseminated and availability to practitioners.

7. Telecommuting Initiative. The National Rehabilitation Association strongly supports the proposal to include a new "telecommuting initiative" in Title VI. Self-employment or various types of home-based employment should be considered a valid employment option. These employment options are clearly the wave of the future and provide substantial advantages to may people with severe disabilities. However, they should not be used to eliminate individuals with disabilities from the workplace nor to encourage the closeting of persons with disabilities. It should also not be used as an alternative to upgrading a work facility to Americans with Disabilities Act standards.

Once again, we thank you for this opportunity for input into the process and look forward to continued work with you and other Senate staff members.

STATEMENT OF FRANK C. LLOYD

In 1992, the Senate had a clear vision for transition of students with disabilities: there should be no gap in services between the education and vocational rehabilitation systems. Those students with disabilities needing vocational rehabilitation services to become employed would receive them promptly. To this end, education agencies and state vocational rehabilitation agencies should work cooperatively to assure all students with disabilities (including those in regular education programs) could access and receive needed transition services. To facilitate cooperation, the Senate placed a definition of "transition services" identical to that in the Individuals with Disabilities Education Act into the Rehabilitation Act, along with a State Plan requirement for cooperation and coordination with education agencies. The Senate provided clear intent language about their expectations (no gap in services), agency responsibilities (provisions are not intended to shift the responsibility of service delivery from education to rehabilitation during the transition years), and roles (role of the rehabilitation system is primarily one of planning for the student's years after leaving school).

This vision is sound. Since 1991, the Federal government has spent about $115,000,000 on State Transition Systems Change Grants in practically every state. These have identified appropriate state methods for education and vocational rehabilitation agency to cooperate and coordinate services for transitioning students. They have also run in to a major barrier to achieving permanent systems change. Apparent drafting errors in the Rehabilitation Act, now literally interpreted in regulation, force state vocational rehabilitation agencies to engage in a nightmare of inappropriate and unnecessary process and paperwork burdens to "cooperate" in what ought to be a simple, straightforward process.

In 1997, according to the literal interpretation of the language of the Rehabilitation Act contained in federal vocational rehabilitation regulations:

Cooperation is not inclusive of all students with disabilities and vocational rehabilitation cannot outreach to all students with disabilities. Vocational rehabilitation cooperation in the provision of transition services is limited to those students with disabilities (under IDEA) who are VR eligible (individuals with disabilities under the Rehabilitation Act) and meet the state's order of selection priorities.

Each student must have two plans (an IEP under IDEA and an IWRP under the Rehabilitation Act) to achieve vocational rehabilitation cooperation.

Vocational rehabilitation cannot provide transition services to support the development of a plan for the post-school years. An IWRP, including a specific vocational objective, must be developed for the student before the provision of planning services can occur. This creates the absurd requirement for the vocational rehabilitation

agency to develop a plan before it can provide the transition services intended for planning.

The vocational rehabilitation regulations make no distinction between the needs of a 14 year old student with a disability beginning to plan for his or her future life's work and those of a 40 year old seeking to return to employment after a disabling injury. What makes sense for the 40 year old makes no sense for the 14 year old. Yet the vocational rehabilitation agency is forced to treat 14 year olds as if they were 40.

These narrow Federal interpretations limit the lasting changes states can achieve with the $115 million in transition systems change activities.

There is a solution. When the House of Representatives passed HR 1385, they amended §101(a)(24) of the Rehabilitation Act as follows:

101(a)(24) contain plans, policies, and procedures to be followed (including entering into a formal interagency cooperative agreement, in accordance with paragraph (11)(C)(ii), with education officials responsible for the provision of a free appropriate public education to students with disabilities) that are designed to—

(A) facilitate the development and accomplishment of—

(i) long-term rehabilitation goals;

(ii) intermediate rehabilitation objectives; and

(iii) goals and objectives related to enabling a student to live independently before the student leaves a school setting, to the extent the goals and objectives described in clauses (i) through (iii) are included in an individualized education program of the student, including the specification of plans for coordination with the educational agencies in the provision of transition services;

(B) facilitate the transition from the provision of a free appropriate public education under the responsibility of an educational agency to the provision of vocational rehabilitation services under the responsibility of the designated State unit, including the specification of plans for coordination with educational agencies in the provision of transition services authorized under section 103(a)(14) to an individual, consistent with the individualized education program of the individual; and

(C) provide that such plans, policies and procedures will address—

(i) provisions for determining State lead agencies and qualified personnel responsible for transition services;

(ii) p rocedures for outreach to and identification of youth in need of such services; and

(iii) a timeframe for evaluation and followup of youth who have received such services;

This amendment, referred to as the "Barrett Amendment," does the following:

1. Corrects the apparent drafting errors in which "Rehabilitation Act terminology" was used in §101(a)(24) when "IDEA terminology" was intended.

2. Permits cooperation between VR and education agencies in the provision of transition services to the extent student IEP's include those services. This clearly fixes the primary responsibility for transition services with the education agency. If the education agency does not plan the transition services intended under IDEA, the VR agency cannot cooperate. It also ends the incentive for schools to mass refer students with disabilities to the VR agency.

3. Permits the state VR agency to define the scope of transition services it will offer to facilitate the transfer of responsibility for services from the education agency to the VR agency. In doing so, the VR agency can implement Congressional intent that these services relate to the primary role of planning for the student's future.

4. Uses permissive language, not prescriptive. This allows each state VR agency to tall or its cooperative arrangements to respond to state needs.

In our opinion, adoption of this amendment in the Senate version of the Rehabilitation Act reauthorization will protect the $115 million spent in transition system change activities. It will permit (but not require) a broader array of coordinated transition service activities, and permit the states to accomplish what the Senate intended to do in 1992.

As an example, as a result of our $2.5 million state Transition Systems Change grant, and guided by the intent language in the 1992 Rehabilitation Act amendments, we developed the Transition Partnership Initiative for cooperation with education agencies in the provision of transition services to students with disabilities. The Transition Partnership Initiative gives education agencies the primary responsibility for service delivery while vocational rehabilitation has the primary role of planning for the student's activities after leaving school. Specifically, interagency cooperative programs under our Transition Partnership Initiat.. e provide for:

1. joint identification of and outreach to all students with disabilities in need of transition services;

2. use of a single planning document, the student's IEP, to provide transition services to all students with disabilities who need them;

3. vocational rehabilitation agency participation in the provision of core planning services (i.e., rehabilitation counseling, career exploration, functional vocational assessment, and similar related services), to the extent these are included in student's IEP, and to the extent these services supplement, but do not supplant, those available from the educational agency;

4. for those students with disabilities who will require post-school vocational rehabilitation services, the development of an IWRP before the student exits the school;

5. consultation, technical assistance, and training to assist educational agencies in the development and implementation of transition services for students with disabilities; and

6. an accountability system to identify the number and types of transition services provided, and the transition outcomes achieved (i.e., movement into integrated employment, post-secondary education and training, vocational rehabilitation services, or adult services provided by other agencies).

This is a simple, seamless system of services responsive to our needs in Nebraska. It focuses on the needs of transitioning students, not processes and inappropriate and unnecessary procedural and paperwork burdens. We are aware of other states desiring similar simplified transition systems focused on the needs of students.

I urge the Senate to consider the value of the 8 words in the Rehabilitation Act changed by the Barrett Amendment in relation to the $115 million investment in transition systems change activity the amendment protects.

STATEMENT OF THE NATIONAL INDUSTRIES FOR THE BLIND

NIB has 87 associated industries which operate in more than 130 locations in 38 states, Washington DC, and Puerto Rico. The work we do through the Javits-Wagner-O'Day Act (JWOD) in providing employment opportunities meets a need that no other source provides. During Fiscal Year 1996, NIB and its associated industries served 127,000 people who are blind, from infants to the elderly, placing 1,700 in private sector jobs. Currently, our agencies employ 5,300 people who are blind in quality jobs 80% of which were at or above the minimum wage with benefit coverage.

NIB is particularly concerned with the Department of Education's recently issued Title I regulations in which the Secretary stated he "believes that settings that are established specifically for the purpose of employing individuals with disabilities (e.g. sheltered workshops) do not constitute integrated settings." This statement ignores the concept of 'informed choice' by excluding employment outcomes which are fully-integrated, fully competitive, place individuals on the payroll of a nonprofit agency, and provide a work setting specifically established for the employment of someone with a disability.

For example, under the JWOD Act, NIB and its associated industries contract with federal agencies for the provision of customer services. These jobs are performed at government work sites. The great majority of employees at such agencies are nondisabled and interaction is on-going, both professionally and socially. Wages are equivalent to federal employees and benefit allowances are covered under the Service Contract Act (SCA). A literal interpretation of the Secretary's comment would deem these jobs "sheltered," or non-integrated, merely because the blind employee is on the payroll of an NIB-associated industry. Yet NIB continues to operate under a model federal program established by the JWOD Act. Under that law, 75% of NIB's labor must be done by blind employees. The attached chart represents examples of quality employment provided by NIB under the JWOD program.

NIB believes that living in a fully-integrated society is a viable and necessary goal for people who are blind. NIB also supports the opportunity for people who are blind to choose to work in a setting that focuses on employing people who are disabled and provides wages and benefits equal to that offered by the private sector. The reason for this is quite simple. In private industries, good employment is rarely based on the type of setting available to an individual. Instead, it is based on wages, benefits, and safe and comfortable working conditions. A job that provides excellent pay as well as strong benefit coverage is clearly more desirable than a job which does not. People who live in a fully-integrated society reflect this concept in their personal career choices. NIB believes that people who are blind should have the same option.

NIB provides real work at real wages as determined by the JWOD Act. We are not the "sheltered workshops" of long ago. Employees earn at-or-above minimum wage, plus benefits, and have access to job training and other rehabilitation services. Employees also pay taxes and live in an integrated society. In addition, gainful

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employment with good wages, benefits and job training/rehabilitation services provides a means for blind individuals to live a fully integrated life—living in the community, paying taxes, and so on. NIB strongly urges Congress to recognize the real work being done by our more than 5,000 employees in our 87 associated industries by including our work settings under any definition of competitive employment. Without this recognition, there is a real disincentive for state and local rehabilitation counselors to place new employees in our industries. At a time when high unemployment among people with disabilities is a major concern in Congress, the Secretary's definition of competitive employment may put our continued good efforts in jeopardy.

NIB and its associated industries hope that in re-authorizing the Rehabilitation Act, you will recognize that many people who are blind require and choose specialized services and want to have these services available when choosing employment settings.

The following points emphasize our principles regarding re-authorization of the Rehabilitation Act:

COMPETITIVE EMPLOYMENT

"Competitive employment" should be defined as full-time or part-time work for which an individual is compensated at or above the federal minimum wage, for whom health insurance and other employee benefits are available, who receives the same terms and benefits as fellow employees, and for which the employer withholds federal individual income taxes and contributes FICA payments, with an individual goal of employment in an integrated setting.

Note: NIB and its associated industries believe that an individual's informed choice of an employment outcome should include the option of a "non-integrated" setting for either competitive or assisted employment. In addition, we believe that employer contribution of FICA taxes (without refund) confirms an individual's status as an "employee" rather than "client."

NON-COMPETITIVE OR ASSISTED EMPLOYMENT

"Non-competitive" or "assisted employment" should mean full-time or part-time work for a not-for-profit or for-profit employer that provides compensation in accordance with Sec. 14(c) of the FAIR LABOR STANDARDS ACT and which provides or facilitates any needed support services to an individual with a disability to enable the individual to continue to train or otherwise prepare for competitive employment.

Note: NIB and its associated industries oppose continued use of the terms "sheltered" or "extended" employment because they are not accurate descriptions of employment opportunities presently offered by NIB and its associated industries.

INTEGRATED SETTING

"Integrated setting" is not a universal value. NIB and its associated industries recognize that many job opportunities in today's labor market do not necessarily provide regular opportunities for personal interaction with co-workers or other individuals. Examples include telecommuting or self-employment such as careers in agriculture or the arts.

SPECIALIZED SERVICES TO MEET UNIQUE NEEDS

NIB and its associated industries believe that specialized services provided by qualified personnel should be available statewide to meet the unique needs of people who are blind or visually impaired. Available specialized services should include training in orientation and mobility, daily living skills, alternative communication (such as Braille and electronic media), assistive technology devices and services, career counseling, training and employment, including supported employment.

NIB and its associated industries strongly support separate state agencies for the blind. We believe this organizational framework offers the best option for consumer response in addition to effective and efficient services.

UTILIZATION OF CERTAIN COMMUNITY REHABILITATION PROGRAMS

NIB and its associated industries urge that annual plans submitted by a state vocational rehabilitation agency be required to include a description of how it will optimize utilization of rehabilitation, training and employment services provided by not-for-profit agencies participating in the federal JWOD program. Such statement also should include a clear policy on utilization of RSA performance STANDARDS in classifying placements in JWOD manufacturing or service jobs.

Note: The JWOD program provides training and employment opportunities through access to the federal government marketplace for qualified non-profit agencies in the provision goods and services if at least 75% of the direct labor is performed by individuals who are blind or have other severe disabilities.

INFORMED INDIVIDUAL CHOICE

Individuals with disabilities should have access to accurate information in appropriate formats so they may make informed choices among options for provision of appropriate, high quality rehabilitation services and employment/career opportunities.

STRENGTHEN SEC. 508

Provisions of Sec. 508 of the Rehabilitation Act should be strengthened to include enforcement of requirements that the federal government purchase only electronic office equipment which is accessible or adaptable for use by federal employees and contract personnel who have disabilities. As NIB and its associated not-for-profit employers move toward a goal of 25% of job opportunities being under federal government service contracts, it is essential that government office equipment be accessible to contract as well as civil service personnel.

EXAMPLES OF QUALITY EMPLOYMENT AS PROVIDED BY NIB UNDER THE JWOD PROGRAM

JOB	WAGE RANGE	WORK SITE
Telecommunications & Switchboard Operator	$6.00 - $12.00 per hour	Federal Installations
Customer Service Representative	$7.50 - $12.00 per hour	Federal Installations
Warehousing and Distribution Functions	$7.50 - $18.00 per hour	Associated Agency
Administrative & Secretarial Support Staff	$7.00 - $13.00 per hour	Federal Offices
Airplane Parts Manufacture	$6.40 - $14.60 per hour	Associated Agency
Sewing Machine Operator	$4.75 -$8.75 per hour	Associated Agency

STATEMENT OF THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

The American Speech-Language-Hearing Association (ASHA) appreciates this opportunity to provide written testimony to the Senate Subcommittee on Employment and Training regarding the reauthorization of the Rehabilitation Act of 1973, as amended. ASHA represents more than 87,000 audiologists, speech-language pathologists, and speech, language and hearing scientists nationwide. Some of ASHA's members provide vocational rehabilitation (VR) services covered by the Rehabilitation Act, either as employees or on a contractual basis.

Audiologists, speech-language pathologists, and speech, language and hearing scientists are experts in the identification, assessment and treatment of persons with communication and related disorders. They are specialists in the understanding and expression of human communication and its normal development, including hearing, balance, articulation, voice, fluency, auditory and/or visual processing, language, cognitive processes and related skills.

Speech and hearing are so essential to our daily lives that they have been specifically recognized as two of the nine "major life activities" cited in the Americans with Disabilities Act. Approximately 42 million people, or 1 in 6, in the United States are affected by hearing loss and/or some other communication disorder. Of these, 28 million individuals have a hearing loss and 14 million individuals have a voice, speech, or language disorder (National Institute on Deafness and Other Communication Disorders, 1991, 1996).

According to the 1994 National Center on Health Statistics (NCHS, United States civilian noninstitutionalized population) report on chronic conditions, nearly 12.3 million individuals age 18-64 have hearing impairments and 1.4 million individuals have speech impairments. The 1992 NCHS report (the most recent year available) shows that 396,000 individuals age 18-69 report work limitation due to hearing impairments and 145,000 individuals age 18-69 report work limitations due to speech impairments by all conditions. Fiscal Year 1994 Rehabilitation Services Administration (RSA) data reflect that only 28,651 services were provided to persons who are hearing or speech impaired by closure code. There appears to be a very large discrepancy between the number of persons who have work limitations due to hearing or speech impairments and those who received vocational rehabilitation services under the Rehabilitation Act. ASHA is concerned about the large number of persons who may need vocational rehabilitation services and are not being served.

ASHA has identified the following priority issue areas and would like to take this opportunity to explain these issues and related areas of concern during this period of congressional review of the Rehabilitation Act:

State Plan/Comprehensive System of Personnel Development

ASHA notes the importance of streamlining the state plan requirements that increase effectiveness and efficiency; however, we do not support changes that weaken individual protections, reduce accountability, and do not ensure an adequate supply of qualified rehabilitation professionals. We feel strongly that the provision currently in the House-passed bill (H.R. 1385) on the state plan requirements regarding the comprehensive system of personnel development (CSPD) is not enough. While ASHA ideally supports maintaining what is in current law on CSPD, we recognize your concerns about streamlining these requirements. ASHA recommends, at a minimum, that the following current state plan requirements also be maintained to ensure an adequate supply of qualified State rehabilitation professionals and paraprofessionals. The description of the CSPD should also consist of:

The number and type of personnel needed by the State, and a projection of the number of such personnel that will be needed in five years, based on projections of the number of individuals to be served, the number of such personnel who are expected to retire or leave the field, and other relevant factors;

The establishment and maintenance of standards that are consistent with any national or state approved or recognized certification, licensing, or registration that apply to the area in which such personnel are providing vocational rehabilitation services;

A system for in-service and pre-service training of rehabilitation professionals and paraprofessionals within the designated State unit, particularly with respect to rehabilitation technology.

We are pleased to note that the Senate is considering the inclusion of these current state plan requirements.

Accreditation of Training Programs

ASHA strongly recommends that the reauthorization of the Rehabilitation Act should establish a clear statutory mandate for the accreditation of training programs. This would ensure that rehabilitation providers receive their training

through programs that have evidence of current accreditation by designated accrediting agencies in the professional field in which grant support is being requested.

One of the standards that assures program quality within institutions of higher education is ensuring the programs meet the standards of that profession, which is provided through the accreditation process. Course work completed from programs that are accredited is generally required for certification or licensure. This is because accreditation is recognized as an important mechanism for consumer protection. Students who attend non-accredited programs are often unable to obtain the necessary credentials to practice in their chosen profession and their time and money could be wasted. It is therefore critical that the reauthorization of the Rehabilitation Act establishes a clear statutory mandate for the accreditation of training programs.

Eligibility Criteria

The need for functional assessment of persons with communication and related disorders is critical to appropriately evaluate communication in relation to employment capabilities and needs. The interpretation of severity of disability relative to employment outcomes in the Act can be more adequately interpreted by taking into consideration an individual's ability to function in community and work environments.

The Act should broaden the eligibility requirements for vocational rehabilitation services and offer some uniformity and minimal standards that are function-based. Focusing on the functional aspects of an individual's communication and related disorders allows for more accurate assessment of the individual's communication abilities and ensures the provision of appropriate vocational rehabilitation services.

The emphasis of the Rehabilitation Act is to provide services to individuals with disabilities, particularly to serve those with the most severe disabilities. As defined in the Act, an individual with a severe disability means an individual with a disability ". . . who has severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome . . ."

The World Health Organization's International Classification of Impairments, Diseases, and Handicaps (ICIDH: WHO, 1980) shifts the emphasis from the pathology or underlying cause of a disease to its consequences. There is not always a direct relationship between the severity of an individual's impairment and the impact it has on functional performance. One must consider the environmental restrictions and the social expectations that may lead to an individual's handicapping condition.

The following examples illustrate the need to focus on function versus the underlying disease or impairment:

An individual who has had his/her larynx removed as a result of cancer may have greater functional limitations on their ability to work when their job requires extensive verbal communication (e.g., a sales person, politician, or teacher) than an individual in a profession without these verbal demands (e.g., a delivery person, data entry clerk, or a computer programmer).

An individual with a mild to moderate hearing loss may experience more difficulty communicating in an environment that requires extensive listening skills (e.g., a receptionist, a customer service representative, or a lobbyist, etc.) than an individual with a similar loss who is employed in an environment which is less communicatively demanding (e.g., a service technician, a statistician, or an account clerk, etc.).

Minimum federal eligibility standards are needed to guide the states and ensure functional assessments of vocational rehabilitation candidates so that individuals with disabilities in need of services have equal access. Inappropriate use of definitions, labels, and classification schemes may restrict the options available to an individual.

The Need For Speech-Language Pathology and Audiology Services

The scope of the reauthorization should be sufficiently broad in order to permit rehabilitation counselors to obtain the services of speech-language pathologists and audiologists. These services include diagnosis, assessments, and treatments, as well as speech-language pathologists and audiologists serving as consultants who can assist the individual and employers and coworkers with communication strategies and skills that help an individual achieve success in employment or supported employment. This includes consultation about devices and other reasonable accommodations that promote functional communication, in keeping with the Americans with Disabilities Act (ADA).

Speech-language pathologists and audiologists are trained and qualified to provide appropriate assistive technology services and devices to individuals with commu-

nication disorders that affect their ability to effectively function in the work place. Speech language pathologists and audiologists assess communication function and needs for assistive technology services and devices to replace, supplement, or augment verbal communication and listening/understanding functions; select and/or provide assistive technology devices and ongoing evaluation of the changing communication and assistive technology needs of the individual as it pertains to work outcomes; consult with the individual, family, employers, rehabilitation counselors and other professionals participating in the vocational rehabilitation process; train the individual, family, employers, rehabilitation counselors and other professionals participating in the vocational rehabilitation process in the use and applications of assistive technology devices; provide ongoing assessment of the individual's ability to use the assistive device in the vocational rehabilitation setting; provide ongoing training to rehabilitation counselors and other professionals involved in the vocational rehabilitation process as to the potential necessity, availability, application, and variety of assistive technology options. These services apply to all phases of the vocational rehabilitation process, including training, transition or re-entry to the workplace, and post-employment.

All references to "speech, language and hearing therapy" and "speech and hearing therapy" should be replaced with "speech-language pathology and audiology treatments" to reflect services provided by speech-language pathologists and audiologists.

Electronic Information Technology

ASHA supports the proposal on electronic information technology accessibility that would strengthen federal agency compliance with Section 508 of the Rehabilitation Act to ensure that information technology is accessible to people with disabilities and to continue state compliance with Section 508 guidelines.

The Individual Written Rehabilitation Program

The 1992 amendments significantly empower consumers of VR services by offering choices regarding their employment goals, needed services, the providers of those services and how those services are delivered. Central to the decision making process is the individual written rehabilitation program (IWRP), which is an individual plan for how best to achieve employment. It is of utmost importance to maintain the decision making process of the consumer of VR services and that the IWRP should include, at a minimum, the following elements: (1) the employment goal (including intermediate rehabilitation objectives and long-term rehabilitation goals) sought by the individual; (2) the services/devices that the state VR agency agrees to provide; (3) responsibilities the individual agrees to assume; (4) a statement of the individual's rights under the Rehabilitation Act and the remedies available to ensure those rights; and (5) a statement about the availability of assistance from the Client Assistance Program. Any plan must be agreed upon and signed by the individual and the VR counselor.

The functional assessments of the individual's communication, hearing, cognition and related skills should be included as part of the Individual Written Rehabilitation Program as related to employment eligibility. Such assessments should be made by speech language pathologists and audiologists recognized as qualified by appropriate and current national credential and license to practice, if applicable.

Speech-language pathologists and audiologists should also serve as members of teams responsible for the functional assessment of vocational rehabilitation candidates who present histories of these disorders/disabilities.

Qualified Providers

Professionals who determine eligibility criteria for individuals needing vocational rehabilitation services should be knowledgeable in the areas of communication disabilities. They should know that speech-language pathologists and audiologists are the experts in the identification, assessment and treatment of persons with communication disorders, including hearing, balance, articulation, voice, fluency, auditory and/or visual processing, language, cognitive processes and related skills. The importance of having qualified professionals provide services to clients of vocational rehabilitation services cannot be overstated.

This is needed so that team assessments of function and/or appropriate referrals can be made to speech-language pathologists and audiologists.

State Improvement Plans

ASHA supports the proposal to authorize discretionary funding for State Improvement Plans under Title III, similar to what is in the Individuals with Disabilities Education Act (IDEA—P.L. 105-17). These grants would be used to improve the State VR Program, including training of vocational rehabilitation professionals at the graduate level. ASHA strongly recommends that vocational rehabilitation pro-

viders be qualified personnel who meet the highest professional standards as required in their states.

Competencies of Vocational Rehabilitation Personnel

It is of utmost importance that vocational rehabilitation professionals who determine eligibility of vocational rehabilitation candidates for services be qualified and trained to make an assessment for determining the eligibility and vocational rehabilitation needs of individuals with a wide range of disabilities. These professionals may include vocational rehabilitation counselors, other qualified rehabilitation personnel, and multi-disciplinary teams. Communication is an essential element for successful work outcomes. General knowledge of communication disabilities and the services provided by speech-language pathologists and audiologists are essential training elements for all rehabilitation counselors and other qualified rehabilitation personnel.

Rehabilitation counselors and other qualified rehabilitation personnel need to continually upgrade their skills in the areas of emerging assistive technologies and service delivery methods in order to maximize available resources. These minimal competency standards should be incorporated into any pre-professional or ongoing in-service training.

Areas of training needs specific to vocational rehabilitation counselors and related personnel

Both pre-service training and ongoing in-service training for these professionals should emphasize the following:

Familiarity with communication and related disorders and an understanding of when to make appropriate referrals to a speech-language pathologist or audiologist.

Knowledge of communication, communication demands in diverse work settings, and how communication may affect successful performance in a specific job or work setting. Resources should be provided to communicate in the client's native language or mode of communication or have access to someone who can provide that service.

Knowledge of the guidelines and major concepts specified in federal legislation (e.g., the ADA, the Rehabilitation Act, and state-of-the-art assistive technologies and services) so that vocational rehabilitation professionals can successfully accommodate, evaluate, train, or place clients with disabilities in the workplace.

Knowledge of the provision of rehabilitation services to clients from diverse cultural and multi-lingual backgrounds since ethnic, cultural, (e.g., deaf culture)and individual developmental differences impact on communication systems, styles, and functionality.

Knowledge of the functional aspects of a client's communication and how the communication or related disorders may impact on functioning in the work setting in order to make more accurate decisions and referrals regarding employability.

The importance of involving the client's families, significant others, and employers as it relates to addressing the client's communication needs.

Knowledge of accommodations (e.g., sign language or oral interpreter, assistive listening devices, TTY) as well as communication devices and services in order to assist clients to function effectively in the work place and to achieve functional work outcomes.

Funding-Training

Increased emphasis should be placed on training (pre-service and in-service), not only because the area of training has received so little attention in past years, but also because of the critical role vocational rehabilitation professionals play in the successful rehabilitation of persons with disabilities, and because of the serious responsibilities they must assume in order to carry out the purposes of the Rehabilitation Act and the ADA.

In order for the vocational rehabilitation program to be effective in serving its constituents, there must be an adequate workforce of rehabilitation professionals who are qualified through their education and training to meet the needs of those requiring services. Audiologists, speech-language pathologists, and speech, language and hearing scientists are experts in the identification, assessment and treatment of persons with communication disabilities. They are specialists in the understanding and expression of human communication and its normal development, including hearing, balance, articulation, voice, fluency, auditory and/or visual processing, language, cognitive processes and related skills.

As a strong supporter of the ADA, ASHA recognizes the importance of informing rehabilitation professionals nationwide about compliance with the ADA. Key ADA concepts such as "reasonable accommodations" and "essential functions of the job" are fundamental to the provision of appropriate rehabilitation services to persons with disabilities.

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Additional training funds should be targeted for students in vocational rehabilitation and related services careers at Historically Black Colleges and Universities, Hispanic-serving institutions of higher education, other programs with minority/bilingual emphasis, and other institutions of higher education whose minority enrollment is at least 50 percent. This is consistent with the Act's policy on financially assisting these institutions of higher education in order to bring a larger number of minorities into vocational rehabilitation and related services careers.

It is important that this reauthorization promotes efforts to increase the number of rehabilitation professionals, particularly those from culturally and linguistically diverse backgrounds. ASHA continues to stress the need for increased recruitment, retention, and training of qualified rehabilitation professionals, including speech-language pathologists and audiologists from culturally and linguistically diverse backgrounds. Recent estimates show that only approximately 7 percent of speech-language pathologists and 6 percent of audiologists are from a racial/ethnic minority group. The ethnicity of the U.S. population, based on the 1990 census, shows that minorities comprise approximately 25 percent of the total population. There is a need to increase the number of rehabilitation professionals to be more reflective of minority representation in the general U.S. population.

Ascertain Shortage Areas of Rehabilitation Professionals

The reauthorization of the Rehabilitation Act should provide for improved efforts to ascertain shortages of rehabilitation professionals, including methods for determining shortages of professionals who provide services on a contractual basis. RSA should include in its report on shortages and training needs (among vocational rehabilitation professionals) not only findings about shortages in the professions of those who are employed directly by rehabilitation agencies, but also of the shortages in the professions of those who provide rehabilitative services as contractual employees.

The problem of allocating training funds to the various rehabilitation professions led to the enactment of changes over a dozen years ago. The Rehabilitation Act Amendments of 1984 (P.L. 98-221) clarifies and expands the training program to meet the demand for more specialized personnel qualified to work with persons with a variety of disabling conditions. Congress acknowledged that serious personnel shortages existed and that the system for allocating training grants was inadequate in ameliorating these shortages. To address the problem, section 133(d) of the 1984 amendments instructed that:

The Commissioner shall prepare and submit to the Congress, simultaneously with the budget submission for the succeeding fiscal year for the Rehabilitation Services Administration, a report setting forth and justifying in detail how the training funds for the fiscal year prior to such submission are allocated by professional discipline and other program areas. The report shall also contain findings on personnel shortages, how funds proposed for the succeeding fiscal year will be allocated under the President's budget proposal, and how the findings of personnel shortages justify the allocations.

Since enactment of this amendment 12 years ago, RSA has provided information that has not, we believe, fully carried out the intent of this amendment. In 1985, RSA acknowledged that "adequate rehabilitation personnel supply and demand data are not currently available to permit the identification of personnel shortages in a consistent and uniform manner." [U.S. Department of Education, Office of Special Education and Rehabilitative Services, "Congressional Report: Fiscal Years 1985 and 1986 Rehabilitation Training Program Allocations" (April 1985)]. For several years, RSA did not provide useful reports to Congress in terms of data on vocational rehabilitation personnel. Since FY 1991, however, the reports have been based on more reliable data and the agency has attempted to justify its funding allocations on the basis of these data.

There has been a significant decrease and leveling off in training grants in support of speech language pathology and audiology programs with little, if any, justification in terms of supply and demand. In 1971 there were 148 grants (expenditures of $4 million) funded for speech-language pathology and audiology compared to only two grants funded in 1996 (expenditures of $206,000). Speech-language pathologists and audiologists have not been listed in RSA's recent annual studies as one of those professions with personnel shortages. However, according to the Bureau of Labor Statistics (Spring, 1996), the employment of speech-language pathologists and audiologists is expected to increase much faster than the average for all occupations through the year 2005. Factors contributing to the demand for these professionals include a growing and aging population, and medical advances that improve the survival rate of trauma victims who then require treatment. Since there is a growing need for speech-language pathologists and audiologists, it is an area of per-

sonnel shortages. The average growth rate of the speech-language pathology and audiology professions is expected to be 46 percent through the year 2005, placing it among the 10 fastest growing health occupations (Occupation Outlook Quarterly, Fall 1995). The need for more audiologists also has been emphasized by the Office of Health Professions, which stated that "driving demand for audiologists will be the growing number of elderly . . . who suffer from hearing problems." [Health Personnel in the United States. Ninth Report to Congress (1993)].

Retain the provisions in current law that require the Commissioner to "target funds made available for any year to areas of personnel shortage," and that the preservice training projects may include training in speech-language pathology and audiology.

In-service Training

Provide increased in-service training opportunities to speech-language pathologists and audiologists.

Speech-language pathology and audiology are dynamic and continuously developing practice areas, and as such, on-going continuing training is needed to address changes in service delivery, the increasing numbers of individuals with disabilities, and scientific and technological advances.

Funds should also be targeted for in-service training of qualified vocational rehabilitation professionals to provide appropriate, specialized services to culturally and linguistically diverse groups.

This is needed to address the clearly changing demography of the RSA clientele who are becoming increasingly more culturally and linguistically diverse.

Scholarship Payback Requirement

Retain the payback provision in the Act that requires individuals who receive scholarships under the rehabilitation training grants or contracts to maintain employment in a nonprofit rehabilitation or related agency or in a state rehabilitation agency on a full time basis for a period of not less than two years for each year for which assistance was received. This is to be done within a 10-year period after completing the training for which the scholarship was awarded.

CONCLUSION

The American Speech-Language-Hearing Association (ASHA) appreciates the opportunity to submit these comments to the subcommittee and looks forward to working with you as the reauthorization of this important law proceeds.

[Additional material may be found in committee files.]

STATEMENT OF THE AMERICAN FOUNDATION FOR THE BLIND

The American Foundation for the Blind is pleased to have this opportunity to provide the Senate Subcommittee on Employment and Training with this statement regarding the reauthorization of the Rehabilitation Act of 1973, as amended by P.L. 102-569, the Rehabilitation Act Amendments of 1992.

The mission of the American Foundation for the Blind is to enable persons who are blind or visually impaired to achieve equality of access and opportunity that will ensure freedom of choice in their lives. AFB accomplishes this by taking a national leadership role in the development and implementation of public policy and legislation, informational and educational programs, and quality services.

The Rehabilitation Act authorizes the provision of services through a Federal-State partnership which, in the case of specialized services to people who are blind or severely visually impaired, are provided through 25 State agencies for the blind. Many of these agencies for the blind were established by States prior to the 1943 enactment of the current Federal-State partnership. As a result, the Act has maintained an option for States to retain these agencies and to create new ones. States which do not have a separate agency for the blind provide these specialized services through the sole State agency designated to administer the State rehabilitation plan.

The American Foundation for the Blind feels very strongly that the 1992 amendments created a well-constructed foundation for carrying out the findings, purposes, and policies so clearly outlined in Section 2 of the Act. For this reason, we believe that changes to present law need to be reviewed in light of enhancing the effectiveness of the 1992 amendments rather than adjusting simply for the sake of change.

SPECIALIZED SERVICES AND SEPARATE STATE AGENCIES

Recommendation: Retain the present law authority for States to designate separate State agencies for the blind (Title I, Section 101(a)(1)(A)).

Justification: The specialized services authorized by the Act are of critical importance to people who are blind or severely visually impaired. The following services authorized by the Rehabilitation Act are provided by State agencies and, in many cases, through a partnership between the State agency and private agencies for the blind.

Orientation and Mobility services provided by qualified personnel which enables people who are blind or severely visually impaired to systematically orient themselves to the environment and to move safely and efficiently to and from and within their workplace;

Adaptive methods of reading, writing, and information access including Braille;

Assistive technology including the identification of appropriate technology to meet the needs of the individual and training in its use;

Daily living skills such as home management, grooming, cooking, and shopping, and;

Adjustment-to-blindness skills provided through effective counseling to help blind and visually impaired persons overcome fears and develop confidence in their skills.

Provision of these services is a necessary prerequisite for effectively using other vocational services of the rehabilitation system. For example, a newly blinded person may have to learn to use a white cane to travel safely and efficiently to job interviews. This individual also needs the adaptive reading and writing skills before they can use the training materials provided by the agency or service provider of their choice.

Provision of these services by specialized agencies has a documented positive effect. Data prepared in 1996 by the National Accreditation Council for Agencies Serving the Blind and Visually Impaired derived from the Rehabilitation Services Administration's latest annual summary of program results (FY 1994) show that specialized agencies placed a higher percentage of persons into competitive work settings and had closures with higher average weekly earnings than did the general agencies.

Further, the Individuals with Disabilities Education Act Amendments of 1997 now explicitly lists orientation and mobility as a related service and requires inclusion of braille and technology in the development of the Individualized Education Plan. Students who are blind or severely visually impaired who have received these specialized services in school need to know that they will be able to receive the same level of specialized services when they transition to the services of the State unit to prepare for the workplace.

COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT

Recommendation: Retain present law authority for the Comprehensive System of Personnel Development (Title I, Section 101(a)(7)(A)).

Justification: The House-passed H.R. 1385 amends this section deleting the following two significant portions of the authority which are significant to people who are blind.

First, current law (Title I, Section 101(a)(7)(A)(v)(I)) requires, among other things, that the State plan provide "a description of the procedures and activities the State agency will undertake to ensure that all personnel employed by the designated State unit are appropriately and adequately trained and prepared including . . . a system for the continuing education of rehabilitation professionals and paraprofessionals with respect to rehabilitation technology." In a 1996 survey of the American Society for Training and Development, 73% of training professionals said that computer skills are essential for employment. Under these circumstances, no reduction in State unit commitment to in-service training in technology can be tolerated.

Second, current law (Title I, Section 101(a)(7)(B)(i)(II)) requires the State unit to set forth policies and procedures relating to the establishment and maintenance of standards that are consistent with national-or State-approved or recognized certification, licensing, registration or other comparable requirements. To the extent that such standards are not based on the highest requirements in the State applicable to a specific profession or discipline, the State must outline the steps it is taking to require the retraining or hiring of professionals that meet the appropriate professional requirements of the State.

Maintaining current law provides for the standards necessary to ensure the professional quality of services provided to individuals who are blind or visually impaired. Effective preparation for a place in a steadily more competitive and complicated workplace cannot be left to personnel who meet lesser standards than that provided in current law.

THE INDIVIDUALIZED WRITTEN REHABILITATION PROGRAM

Recommendation: It is our understanding that current discussion centers around simplification of the IWRP. The possible intent of this modification is to provide a process that is more responsive to the needs of consumers who would wish to utilize sources for the development of the IWRP other than the rehabilitation counselor and/or those consumers who have already identified their employment goal and the services necessary to attain that goal. We believe that current law allows sufficient latitude to accommodate these circumstances.

Justification: Title I, Section 102 of the Act was constructed to provide a basis for a consumer-responsive plan which also embodies specific due process elements to ensure accountability to the consumer, family member, guardian, advocate, or authorized representative. In addition, the Act requires documentation related to this process to be in an accessible format. We believe that the requirements of Section 102 can serve the needs of individuals who have identified their employment goals and service providers. We also believe Section 102 offers ample opportunity for individuals who are important to the consumer to be involved in the development of the IWRP.

ELECTRONIC AND INFORMATION TECHNOLOGY ACCESSIBILITY GUIDELINES

Recommendation: AFB supports S. 761, the Federal Electronic and Information Technology Accessibility Compliance Act of 1997, which would amend Title V, Section 508 of the Rehabilitation Act. We recommend that the Subcommittee examine ways in which S. 761 can be amended to improve Section 508's accessibility requirements and certification procedures. In addition, express authority is needed in Section 508 for the development of regulations, provision of technical assistance regarding the procurement of accessible technology, and a process for the filing of complaints regarding noncompliance.

Justification: The widespread acceptance of the Graphical User Interface (GUI) dramatically increased the computer access problems facing people who are blind or visually impaired. While efforts have been underway for some time to enhance access to GUIs, access to computer-based productivity tools such as word processors and spread sheets has not been adequately solved and the problem has become more complex as computer systems increasingly include multimedia capabilities. Further, the convergence of communications technologies now common in such devices as information kiosks or powerful World Wide Web-browsing software, which both control and organize information content, also pose significant barriers for people with disabilities.

The use of graphics-based software has dramatically increased in the federal government and elsewhere because it ostensibly provides a means of presenting a complex variety of information and user options in an attractive, easy to follow pattern enabling the fully sighted user to navigate, manipulate, modify, and interact with the information. The apparent attractiveness of the graphic user interface has led to its deployment in all manner of office equipment and software, along with intranets and the Internet.

Yet these systems pose significant access problems for people who cannot see the graphics or for individuals whose cognitive or manual skills cannot cope with the moving text or time dependent controls, two very common elements in graphical information management systems.

The American Society for Training and Development reports that in one year (1994-1995) the percentage of technology-related training time by training organizations increased from 22 to 31 percent. This study also reported that 75percent of these organizations used interactive multimedia computer-based training in 1995, a large increase from 53 percent the previous year.

Training for federal employees mirrors this corporate sector experience. In addition, the federal government has taken a leadership position in deploying video kiosks and other new information technology formats to provide access to federal information.

There is a need for a coordinated, cooperative effort to foster and ensure equality of access to critical information technology. The framers of Section 508 correctly envisioned that the federal government should take this leadership role through the procurement of information technology which is accessible to people with disabilities. Further, it was intended that the marketplace itself would begin to provide accessibility solutions when it became apparent that the federal government, one of its largest customers, demanded this performance as a prerequisite for purchase.

This approach has begun to achieve results, albeit very slowly and inconsistently. Major federal agencies still procure information technology which is not accessible to employees who are blind, placing scores of good jobs in jeopardy. We believe that

a continued demonstrated commitment on the part of the federal government to purchase accessible information technology is vital to continued progress.

The deregulation of federal procurement along with the assignment of information technology procurement policy and oversight to the Office of Management and Budget have significantly altered the foundation for the compliance process required by Section 508. S. 761 recognizes the new architecture for compliance. We look forward to working with the Subcommittee to design a framework that can provide for effective accessibility requirements, clear lines of authority for establishing regulations and ensuring agency compliance, and a more effective complaint procedure. These three elements are necessary to enhance accessibility to information technology by people with disabilities.

Independent Living Services for Older Individuals Who Are Blind

Recommendation: Retain the present law authorization—Title VII, Chapter 2 which authorizes the above captioned program.

Justification: Since it received its first appropriation in 1986, this program has been of the most successful and cost-effective programs initiated by Congress. In 1995-96, the grantee States used the funds to deliver services to over 22,000 older individuals at an approximate cost of $500-$600 per person. The number of people served through this program has increased 60 percent over the last three years, since a mechanism was established for minimum funding of $160,000 for each State.

Funds for vision-related rehabilitation services for older people who are blind are not provided through the Older Americans Act, Medicare, or Medicaid.

The types of services provided by grantee States include training in orientation and mobility, communications skills, and daily living skills, and provides low vision services and adaptive devices, individual counseling and counseling and support services to family members.

BRAILLE TRAINING PROJECTS

Recommendation: Retain present law authority—Title VIII "Special Demonstrations and Training Projects", Section 803 (b) Braille Training Projects.

Justification: Experience gained through the current set of training projects clearly indicates that there is a substantial need to refresh the braille teaching skills of professionals trained under the long term training grants of the Rehabilitation Act to provide service to individuals who are blind. These projects have also been used to provide initial training in braille skills for personnel who are State agency trained and who have not received intensive basic training in teaching braille.

The introduction of computer and other types of information technology have not diminished the utility and necessity of braille skills. In fact, the introduction of this technology makes the production of braille easier. In addition, braille is now being integrated into information technology. For example, the Braille Lite (R), a small computer, uses braille output to provide a person who is blind with a powerful, portable note taking and information management tool. Braille skills are essential for the user.

These projects have also been used to provide training in teaching individuals who are blind for whom English is a second language as well as the large number of individuals who have physical disabilities as well as blindness.

Finally, discussions have taken place with respect to the need to introduce a federally mandated system of means testing for services under the Act. The American Foundation for the Blind does not support a federal means test for services provided by the Rehabilitation Act.

We appreciate the opportunity to provide comments for the Subcommittee's hearing record. We hope that the Subcommittee will provide an opportunity for additional comment when a draft bill is available.

LETTER TO SENATOR DEWINE FROM GEORGE ACKERMAN

Dear Senator DeWine, it was a pleasure to meet you once again at the recent hearing of the Senate Subcommittee on Education and Training on July 21. As the Co-Chair of the Ohio Rehabilitation Association's Governmental Affairs Committee, I was glad to hear your comments and questions for the two distinguished panels. The Ohio Rehabilitation Association is an organization of approximately 900 professionals who work in the field of Vocational Rehabilitation. Our membership is made up of people who work for County boards of Mental Retardation, Mental Health, medical professionals, some employees of the Rehabilitation Services Commission, and those who work for non-profit or for profit agencies.

Because the rules for the last Reauthorization (1992) were only published a few months ago, one of our major concerns is that there is sufficient time given to be

able to gauge their effects. We hope the changes being contemplated, will only be made to streamline the delivery of services for people with disabilities.

I would also like to now speak to you as an individual vendor of Vocational Rehabilitation services. I had worked in the private sector for many years at a major medical equipment manufacturer prior to entering this field. Until I began selling my services to the Ohio Rehabilitation Services Commission, I had never encountered a government agency that produced any tangible results. My work involves helping people with disabilities find jobs and learn how to perform according to employer expectations. This is both very challenging and rewarding. Estimates show that there is currently a 66% unemployment rate among people with disabilities. From my point of view the major impediment is a lack of sufficient funding. Because of the federal mandate to work with people with the most severe disabilities first, the cost and the challenges continue to increase. (Personally I hope I am never in the position to judge whether one person's disability is more severe that another's.)

I would also like to briefly address some of Dr. Growick's testimony. As a self employed service provider, I take exception to his view that there is "monopolistic domination" in the field of rehabilitation. I am able to compete against very large agencies that provide similar services. It has been my experience that the choice of vendor is always based on the needs of the consumer, as we refer to people with disabilities who use our services. Because I essentially sell my services to the Ohio RSC, I closely monitor their business practices. Other than case management, and administrative costs, which are a small percentage of their budget the majority of the money that they spend is in the free market on the appropriate services for consumers. You have probably heard discuss ion about giving vouchers to consumers that they would then use in order to purchase services. My bias there is that consumers need counseling to make informed choices. Helping them work through all the barriers to employment is basically what RSC counselors.

Dr. Gruwick's emphasis on industrial rehabilitation I believe is very misleading. The sweeping changes that Governor Voinovich has made to the Bureau of Workers Compensation since his tenure there, speak volumes about their inability to rehabilitate injured workers. As an aside, there is an existing cash transfer agreement between BWC and RSC where RSC actually takes over the cases of consumers, that in my opinion BWC cannot return to work. An injury involving the loss of a limb or back pain is very different from a traumatic brain injury or mental health issues. The ability for consumers to be able to draw on the expertise of RSC counselors is absolutely necessary. The counselors help point consumers in the direction of attaining job skills and then real jobs. Without the aid of counselors, it would be very easy for disreputable companies prey upon people with disabilities. I am not always the most appropriate person to work with a particular consumer, it is the counselor who helps them make an informed choice.

To conclude, I would agree with Dr. Growick those who do not work in the public sector are "unencumbered by unnecessary paperwork". If anything that just furthers the point that federal requirements, such as the IWRP, involve more reporting rules than are necessary to efficiently serve consumers. As a graduate student at Kent State University I have noticed a profourd bias against the state's Vocational Rehabilitation system. While there is always room for improvement, I again want to reiterate that I have never seen a state program that produces such great results. If you want to think of it from a bottom line point of view, for every consumer put to work, the investment of tax dollars is repaid within two and a half years by their paying taxes and consuming fewer government services. Vocational Rehabilitation is a time limited service that helps people with disabilities get jobs. By doing so it is helping to more fully integrate our society and overcome old prejudices.

Thank you for your time. I appreciate the opportunity to share my thoughts on the Reauthorization of the Rehabilitation Act.

2727 WEST CASE ROAD,
COLUMBUS, OH 43235,
July 28, 1997.

Hon. MIKE DEWINE,
Attn: Mr. Aaron Grau,
Subcommittee on Employment & Training,
140 Russell Senate Building,
Washington, DC 20510.

DEAR SENATOR DEWINE & MR. GRAU: I am writing this letter to be included a part of the Congressional Record in support of reauthorizing the Rehabilitation Act and associated amendments until the year 2001. As a consumer, I state from first hand experience that services offered by the Ohio Rehabilitation Services Commission (ORSC) are needed and are being administered in a professional manner.

ORSC has been working aggressively both in my case and others, in partnership with people with disabilities, to obtain employment and independent living situations.

One issue that needs to be changed with the reauthorization is "those with the severest disabilities be served first". Although I am a current consumer of the Bureau of Vocational Rehabilitation Services and fit the criteria of "severe", I feel that there should be an balanced or equal caseload of people; specifically an equal share of clients with physical and mental with varying degrees of disabilities with the ability to utilize rehabilitation, employment and training services.

Under the current law, "serving the severest first" in my personal opinion is 1) discriminatory against others with lesser degrees of disabilities and 2) with the current law, it decreases the number of "successful" placements in employment and independent living situations and actually hampers or lengthens the waiting lists and successful employment placements due to these constraints of serving the "severest of severe" first.

To summarize the above statement, the federal/state partnerships are not getting the return on the funds being allocated nationwide.

I can tell you from my own experience that there have been three local employers who complained to me of the shortage of available help in the Central Ohio area. I suggested hiring someone through ORSC/BVR. "Oh, those people never work out but I would hire you." I never told those employers that they were speaking to one of "those people". I think if ORSC/BVR had a broad spectrum of people with disabilities to offer for employment opportunities this would assist with these employer's concerns.

I feel the bill should try to address some form of equal opportunity for employment for people with disabilities. Why are employers required to have a certain number of minorities, women etc. and required to report these employment figures and no requirements for people with disabilities? Many contracts and funding are based upon minorities/women's etc. owned or involvement but seldom the number of people with disabilities.

Federal, state and local governments have no established guidelines for the number of people with disabilities that an employer should try to employ. Therefore, industry has not set guidelines. I feel there needs to be a "fair" guideline (not necessarily a law or demand) initiated to suggest to an employer to have a reasonable percentage of employees with disabilities employed. Guidelines may give the ability to organizations like ORSC/BVR a better chance in obtaining better employment opportunities for people with disabilities. Also, the federal/state partnerships should see a better return on their funding.

I am not in favor of "pushing" legislation (laws) onto business mandating that they must hire a certain percentage. I would recommend at this time that it be a recommendation of "guidelines" from the federal government and within a year or two then have the appropriate federal agencies review and see if the employment of people with disabilities has improved or if further consideration of law be discussed with employers.

In conclusion, the American with Disabilities Act language, with its' recent clarifications on people with mental disabilities, should be used wherever appropriate within the bill.

Sincerely,

ERIC LADD.

cc: Robert Rabe,
Administrator,
State of Ohio Rehabilitation Services Commission,
400 East Campus View Blvd.,
Columbus, Ohio 43235.

Commission on Civil Rights,
624 9th Street NW,
Washington, DC 20425.

Department of Labor,
Employment and Training Administration,
Washington D.C. 20210.

Equal Employment Opportunity Commission,
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STATEMENT OF KATHERINE MYERS

Chairman DeWine and members of the Subcommittee, thank you very much for this opportunity to submit written testimony on the Reauthorization of the Rehabilitation Act of 1973.

My name is Katherine Myers and I am the Adaptive Technology Specialist for the Office of Disability Services at Wright State University, Dayton, Ohio. I am also the parent of a 19 year old with severe spastic quadriplegia and is non-oral. My presentation to you is based on both my experience as a parent of an individual in the vocational rehabilitation system and my experience as a profession in the field of rehabilitation.

My son (Rob) is 19 and a sophomore at Fairborn High School. He was accepted by the Bureau of Vocational Rehabilitation (BVR) this past March after an appeal process. In the state of Ohio there is a ruling that an individual must be within two years of graduation from high school to be considered for services. Due to the complexity of Rob's disability I felt he could not afford to wait until two years prior to graduation for services. I made the initial contact with BVR when he was actually four years from graduation. I was told they could assist with some evaluations and assessments, but without a clear work goal, they would not accept him. I was also told about the two year rule.

Fortunately, the BVR counselor Rob had recognized his need for services based on the complexity of his disability and encouraged us to appeal the decision. All we had was one informal meeting with the area supervisors for them to recognize his needs and approve him for services. Unfortunately, his services will be limited until a an actual work goal can be developed. Since Rob's disability is so severe there have to be measures to help justify a work goal. These are to be done through evaluation such as interest tests and attempts at work situations.

One of our main areas of concern is the degree to which BVR is allowed to participate in his program prior to his graduation from high school, and this is a concern whenever the individual has a severe or multiple disabilities. There needs to be a team approach between vocational rehabilitation and the schools. Our high schools approach is straight vocation or academic. We have asked them to combine vocation and academic. Individuals with similar abilities to Rob really need both approaches to fully understand what they are capable of doing. If BVR and the high schools team up early enough - such as when the individual is a freshman - instead of waiting until closer to graduation, these young people could end there high school careers being focused and able to have a firm grasp on their abilities and a stronger understanding of what they want to do.

In this team approach there needs to be a way for BVR and the schools to coordinate services. Currently, if a piece of equipment is needed in the home to both reinforce what is learned at school and work on skills and job development, there is a major argument as to who should provide that equipment. According to BVR, since it is needed for school work, even if only a portion is for school work, it should be paid for by the school. According to the school, they have already provided equipment at the school and anything additional is not their responsibility.

While the two entities are arguing, pointing fingers and trying to justify why someone else should pay for the item, the individual is losing valuable time. Also, BVR says they can not pay until a work goal is defined. Sometimes the equipment is needed for the individual to begin to understand exactly what he/she is capable of doing. An example is an interface to the computer, word prediction for a communication device, specialized software, or other computer access. Therefore, there needs to be a provision for vocational rehabilitation and high schools to work together without the individual suffering.

Another concern with the rehabilitation process and individuals with severe disabilities is the level of expectation placed on the individual with the disability. Children and young people with disabilities are held under a microscope and are expected to make decisions about their lives at a much higher level than their non-disabled counterparts. I have seen this happen not just as a parent but also as a professional. The system needs to be designed so that young people with severe disabilities have the ability to "test" what they can and want to do as a profession. It also needs to be designed so that young people are not penalized for being young and acting their age. Most 17, 18, and 19 year olds do not have any idea what they really want to do; and often in college they change their major several times before settling on the one they are in when they graduate. Young people with disabilities need to have that same freedom without the fear of losing funding.

As the parent of a severely disabled teenager, there is a part of me that rejoices when he demonstrates just how normal he is when he makes an inappropriate or immature decision or reacts just like other teenagers. The other part of me aches

because I know he cannot afford to act immature at all if he wants to get funding or be recognized for his accomplishments instead of discounted for because of the severity of his disability. The must be provisions with the Rehab Act to allow forgiveness and second chances. There also must be an easy to follow appeal process with more than one level of appeal to assure the entire case, not just one incident is taken into consideration.

When an individual has a disability, he/she is faced with a lot of complicated issues. Both the process for obtaining services and appealing decisions needs to be streamlined and simplified. The terminology needs to be simplified so it is easily understood. Oftentimes it is so complicated that individuals just give up their rights and go without assistance. As a result, these individuals are then unable to find employment and are forced to either stay on welfare or be supported by family.

Section 508 addresses architectural accessibility. This section needs to be expanded to include technology. Currently, software developers are not looking at accessibility when they develop their products. As a result, packages are being developed and individuals with disabilities, especially blindness, are not able to use them. There have even been incidents where individuals have either lost employment or have had to dramatically change their jobs because of software which has been purchased that is not accessible. The Rehabilitation Act must state that only packages, including development software, that are accessible can be adopted if a business, agency, school is accepting any federal money. This is the only way to get the developers to stop creating software that is not accessible.

Thank you very much for this opportunity to submit my concerns about the Reauthorization of the Rehabilitation Act of 1973. If you have any questions please do not hesitate to contact me.

[Whereupon, at 12:40 p.m., the subcommittee was adjourned.]

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